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APR 18 2022

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

JO ANN FONZONE aka JUDY MC GRATH, PLAINTIFF

VS.

JOE OTERI, ET AL , DEFENDANTS

CIVIL ACRION LAW
12-5726

PLAINTIFF'S REPLY TO DEFENDANTS RESPONSE AND MOTION TO DISMISS PERSONAL INJURY/CIVIL RIGHTS ACTION FOR LACK OF PROSECUTION

Plaintiff , by and through her attorney, Jo Ann Fonzone, Esquire hereby files this Reply to yet another one of defendants attempts to deny Plaintiff of her constitutional rights to have her injury action fully litigated in the Federeal Court of the United States of America. The trial date was set for April 19, 2022, but as Plaintiff continues treatment for the many injuries and permanent irreparable medical damages she suffered on October 6,2010 and the consequential resulting damages therefrom the case was properly stayed by the Federal Magistrate.Plaintiff had to get a cortisone injection in her right hand prior to being able to prepare this Reply.

1. FACTS AND PROCEDURAL HISTORY

Plaintiff hereby incorporates the June 4, 2021 Reply to defendant motion last year to dismiss her case and reiterates that all defendnats should be in the case as per Judge Davis order and item 51 on docket, the Amended complaint of July 7, 2015 is the operative complaint.

It is incredulous that defendants are trying to dismiss now on FRCP41(b) lack of prosecution when plaintff has been filng and complying with , answering all of their pleadings and discovery and complying with court Orders timely without fail despite all of the obstacles she has had . Some of these include, her original lawyer who prepared the original complaint Mr. Bailey withdrew in 2013 due to medical issues, Plaintiff was unaware of the August 15, 2014 Rule to show cause as she

was not served with it, Mr. Bailey did not communicate this. When Plaintiff learned the case had been dismissed, she immediately filed a Motion to Reopen when Judge Davis was presiding.

Phladelphia new city attorney, in her recitation of items on the docket ,fails to mention an important item,No51,on the prior page byPlaintiff.All of the facts and circumstances must be included in the case Moreover, in addition to that item ordering that the operative complaint was the July 7, 2015 Amended complaint , the new city attorney must be aware of the fact that she represents all those defendants in that complaint employed by and are state actors for the city of Philadelphia. These include : Riverside prison,C.O.Fisher,Phila. Bench warrant unit,and the named police officers Evans,Kelewishki,Kovacs, Ortiz, Bee.

The defendants added in state supplemental claims which arose out of the original incident and but for the fact of false arrest and baseless warrrant (for non-appearance in court_ when she had notified the prosecutor and the Clerk by certified mail of her inability to appear because of a cardiologist appointment , this would not have occurred.. Plaintiff told her then lawyer Mr. Dixon to inform the court of this fact, that she had a cardiologist appointment ;for some reason, he did not inform the court, and on Friday morning at about two a.m. the bench warrant unit from Philadelphia stormed into my mother's home and greatly frightened us both .Mr.Dixon private attorney could not bother to tell his client a warrant had been issued though tried to reach him many times earlier that day.

Plaintiff was to be taken to the court for bench warrant hearing but instead was taken to Riverside ,after having to go to the hospital as the unit driver sped at 100 miles an hour on the turnpike which further stressed and scared plaintiff ;she went into atrial fibrilation and asked to be taken to a hospital. Naturally when someone is brought to a hospital in shackles and handcuffs, medical staff wants to get the patient off the premises as quickly as possible. So, rather than being admitted , Plaintiff was released and taken to Riverside and arrived there early Friday morning. She knew she was there for weekend, but didnt know she would be unable to attend a very important Argument in another county

on her ID theft action since 1981 scheduled for Tuesday

When she could, Plaintff phoned her family and asked them to hire a new lawyer to get her out as she was not being given her correct heart medication and was afraid for her life as her cellmate was detoxing from heroin and threatened to kill her. Needless to say, Plaintff was very afraid of her. Several grievances were submitted to the Warden about the above stated problems and that she had to be in court on Tuesday September 27, 2011 for a civil matter, but was ignored. When Plaintiff's family told her they hired a new lawyer and she would be released Monday the 26th,to go to bench warrant court, plaintff felt relief. On that morning,Plaintiff was taken downstairs with others to get on a bus to court. Astonishingly, when she got to the door, she was stopped by Officer fisher and told she could not leave until Wednesday. As the bench warant unit took her warrant upon arrival, Plaintff was unaware of Phila.Crim Rule of Procedure 150(A)(5)which states that a person can only be held on a bench warrant for three days. Wrongly held for six days and unable to appear at the scheduled civil proceeding was the result.The warrant stated that rule and that Fonzone was to be taken to Criminal Justice center on Friday and not the prison. Because the bench warraant unit did not follow procedure or policy and the Judge's Order on the warrant, the very important Argument was dismissed September 27, 2011 ; Plaintiff was wrongly held at Riverside until September 28, 2011. These city employees deprived plaintff of her right to appear in court on September 26 and September 27 as a result plaintiff suffered immeasureable damages as the civil case was against large corporations for a significant amount of damages over three decades.Plaintff was denied her rights to 14th Amendment due process., and suffered damage to her reputation with this false warrant and unlawful detention.

If an individual 's constitutional or civil rights are violated, there is no qualified or any immunity for government or state actors under the Pa state law Tort claims Act. 42 Pa. Cons.Stat. Sec. 8541

After the phone conference of March 10, 2022, Plaintiff did not have notice of the court's Order to show cause until March 21, 2022 when she went to the Federal court in her hometown and asked for

copy of the Order. Worried that the case might be dismissed before she had a chance to reply, Plaintiff sat in the clerk's office and hand wrote her reply and filed then served it by U.S. mail .Item 204 That was two weeks ago, how can defendants accuse Plaintiff of failng to prosecute ? That term is applicable for plaintiffs who let their cases sit idle for years, not those who are dilgent and keep up with compliance of court orders and the case to the best of our ability and health allows us to. Plaintiff received defendants Memorandum and Response on April 4 and has 14 days to file her reply. Plaintiff is an attorney but when self represnting or pro se is not required to file a Notice of Appearance

2. ARGUMENT

Plaintiff's case against defendants must not be dismissed for lack of prosecution pursuant to FRCP41(b)or an other rule as there are many issues of genuine material fact in dispute and Plaintiff has worked very hard despite overwhelming circumstances to pursue her rights for fair and just adjudication of her case. Many questions remain because Defendants failed to answer Discovery and contrary to what the previous city attorney told Plaintiff, he failed to depose Joe Oteri and others. There was no investigation in this case,this is true, if you dont talk to witnessess, you dont want to find out the facts.Plaintiff provided names of witnesses, the police and prosecutors refused to speak with any of them, even the officer who saw Plaintiff's swollen and brusied hand, arm, neck and had her taken to the Emergency Room .Plaintiff provided her Protection from Abuse Order yet no question

To this day, Plaintiff does not have any information about what the probable cause to arrest was or who determined it. Was it Oteri acting with the delegated duty of police then he was a state actor. And that is why Mr. Bailey put his name as lead defendant on the complaint. How he and other defendants were taken out of the case was an error after Judge Davis retired as there was a concerted effort to deprive Plaintiff of her constituitonal rights from the beginning . Right to know requests and documents with the court were filed by Plaintiff about this, along with requests for copies of all police reports, though these were wrongly witheld from her for more than two years in violation of four Discovery Orders by

Municipal court Judges. What evidence did the police have to make the arrest; 'none' and that is clearly insufficient for a legitimate prosecution.Plaintiff provided medical reports to defendants and the court. When records are requested and not produced , defendant must justify its refusal to produce records or things. Defendants produced no records Plaintiff requested in discovery, thats why she continued to ask to open Discovery. Where is the videotape from the concourse at the stadium and why wont they turn it over? Were there any cell phone videos? Why didnt the police ask at the scene for these? Why didnt police speak to anyone seated near Plaintiff that had been on the bus with her from Allentown? How previous complaints were filed against any of the police defendants ?If there is nothing to hide, parties do not hide information.

To discuss defendants interpretation of rule 41(b), (though it is a judge's job to interpret the law and not defense lawyers), in reviewing the six part test of the Poulis v. State Farm Fire & Cas. Co. , 747 F.2d 863, 868 (3d Cir. 1984),contrary to defendnants assertion, none of the six factors are applicable to Plaintiff 's conduct in the course of this litigation. The six factors will be examined one at a time . 1)Plaintiff's personal responsibility. Indeed Plaintiff has had all the responsibility since her original lawyer withdrew in 2013 and even though retained another lawyer several years later, (who did not even show up in court, but talked with Judge on a phone call while Plaintiff was in court and told the Judge she was representing Plaintiff but did nothing but lie to a Federal Judge in Reading , Pa). Since then Plaintiff has had to wear all the hats, Attorney, Witness, Victim and Plaintiff . Fonzone has done this while undergoing continuous medical treatment, several hospitalizations for trauma caused heart conditions, and other injuries, chest wall injury and , spine surgeries, breathing difficulties from chest injury,treatment for concussion, tbi, migraines,tinnitus, seizures, pba, right ear hearing loss,right shoulder injury treatment, fractured right wrist, dominant right hand weakness, much physical therapy, many spinal injections, chronic pain , at times so excruciating that visits to emergency rooms were necesssary, mouth bleeding , (yet unknown source), from suffering head, neck, chest, right side trauma

from having front top of her head pushed into the hard back of the stadium seat by Oteri then Oteri and Kelewishki, suffering a concussion, neck trauma, then later suffering injury to arms and shoulder when dragged by back of arms at elbows by officers Bee and kelewishki across the concourse while standing watching the game for 10-15 minutes , then in the police cell room when thrown against the wall twice by kelewiscki suffering head,neck, right shoulder and hand and wrist injuries , then when struck with his nightstick repeatedly on chest because dispatch called the room and told them I called 911 for help, he wanted my phone,(must of thought it was a camera phone,but it was not), all of these injuries led to chronic pain, continuous medical treatment , required and continuous treatments, medications, pain and suffering, loss of enjoyment of life, extreme emotional distress,humiliation and embarrassment,mistreatment of a crime victim. The inconvenience and cost of having to travel to Philadelphia court many times for four years as prosecution dragged on and continued the case endlessly because the had no witnesses show up for years,(they even illegally continued the case after Plaintiff had it dismissed with prejudice in 2012,). The increase in medical insurance premiums until they became unaffordable as the injuries disabled Plaintiff ,delay of Plaintiff's other pending litigation, costs of this and criminal litigation, dismissal of a very important ID theft injury case because of this travesty of justice, dismissal of defamation case ,complete damage to Plaintiff's legal career, damage to Plaintiff's personal relationship, malicious prosecution as they knowingly misrepresented facts to the Court , police and Oteri lied to protect their criminal violent activities .There was a total cover up of the truth and evidence by police and rogue asst. prosecutors, violating Plaintiff"s rights,slandering and libeling her because she would not plead guilty and wanted a dismissal or trial ,she was the crime victim not guilty of any crime while at a Phillies playoff game execrcising her !st Amendment rights. Plaintiff was responsible for having to have medical treatment for all the injuries and damages which disabled her but still managed to do all the legal work since2013 .There were continuances by both sides,delays while the case was sent to two other Judges when the original Judge retired ,delay for the covid virus for about two years. Moreover, Plaintiff 's mother was very ill in early 2020 and in hospital

for six weeks ,sick for rest of the year and Plaitniff took care of her . Plantiff's aunt died from the covid virus , yes all of these were time delays but not Platniff's fault; its called life.If Plantiff got extensions, she provided the Court with medical documentation or explanation; she was not taking vacations and getting continuances.Yes, plaintff has been very responsible in meeting deadlines and filng documents in reply to defense motions or whatever throughout this litigation despite all the odds against her.

2) There has been NO prejudice to defendants caused by Plaintiff as she did not fail to meet schedulng orders or respond to any discovery. Conversely, it is Plaintiff who has been prejudiced and adversely affected by defendants total disregard of Plaintiff 's Discovery requests, both Interrogatories and Document Production Requests. They have either completely failed to reply or replied with insufficent answers to Interrogatories and blatantly refused to provide any documents requested by plaintiff.

3) There has been no dilatoriness , much less a history of such by Plaintiff. However, there has been a recurring refusal by defendants to refuse to answer Plaintiff's discovery so that it has been nearly impossible for Plaintiff to have the information she is entitled to to proceed .If there has been delay , it has been caused by defendants refusal to sufficiently respond to discovery, depose those they said they would, so that Plantiff had to request to compel discovery responses and to open Discovery in order to obtain the answers she is entitled to have for this litigation. What are they hiding and why do they refuse to answer questions or produce documents and things requested? It is defendants that are completely uncooperative and are causing delibebrate delay, not the Plantiff who has sufficiently answered Interrogatories , provided Documents requested because she is not hiding information.

4) Whether the conduct of the party was wilful or in bad faith.Plaintiff's conduct was not in bad faith or wilful but rather has in good faith continuously done her best to meet deadlines , do the research and preparation and service of pleadings,answer Discovery

appear for a nearly three hour Deposition , appear in Court prior to covid in front of Judge Davis and in Reading in front of Judge Schmel each time required to do so. Plaintiff strongly contends it is defendants all of them named in the operative complaint that acted in bad faith deliberately to sweep this case and their criminal violent activities under the rug, get rid of it to cover up their criminal misconduct, public corruption, conspiraacy to deprive Plaintiff of her civil and constitutional rights,treat her like a criminal defendant wrongly to protect the violent crimes of the perpetrators who seriously injured her through their false implication and arrest , battery, aggravated assaults, reckless endangerment, causing her not only serious injuries but some permanent irreparable damages such as heart conditions and right ear deafness which she will have to endure and treat for the rest of her life. Indeed, defendants have acted and continue to act in wiful bad faith, unethical and unprofessional manner by refusing to extend any offer to Plaintiff for destroying her health and life, and instead act only to deny her rightful discovery and continuously to have her case dismissed.

5) Sanctions. Yes, defendants should be sanctioned for everything stated above in paragraphs 1-4. To dismiss Plantiff's personal injury case is the harshest and most frowned upon ruling there is This is especially true when a Plaitniff has suffered irreparable damages and permanent loss of body function, here the hearing in her right ear from the head trauma., tinnitus, and other chronic conditions which will not disappear overtime like a broken leg.

6) The merit of the case. Plaintiff has sufficiently stated the merits of her case in this and other pleadings, but her medical records and Exhibits will more fully explain Perhaps Ms.Faris did not receive all of the file from her predecessor; he had a large quantity of medical records and other documents like Discovery answers that plaintiff served him with. When considering all of the above mentioned factors or just one of these is more than sufficient to show that this case must not be dismissed because there was no lack of prosecution by Plaintiff.

Consideration of the six factors of Poulis certainly does not warrant dismisssal of Plaintiff's case.In fact, not one of the factors can be satisfied to dismiss the case because Plaintiff' has conducted herself in a profesional manner ,has done nothing which could be deemed failure to prosecute her case. Yes , she filed Motions to extend discovery , try to obtain answers and documents from defendants; she had promptly answered defendants discovery. The reason for Motions to reinstate defendant was explained as necessary to include totality of facts and circumstances and Oteri was named the lead defendant by Plaintiff's prior attorney because,but for his harrassment and injury to Plaintiff first,then false implication to police, there would be no case and Plaitntiff would not have suffered so many injuries and damages.Careful perusal of the docket evidences that Continuances were made by both sides and by the Court several times; Plantifff 's requests for them were either for her medical reasons or when she was taking care of her mother before and after she was in the hospital with the covid virus. The Court understood the necessity for the continuances and almost everything was shut down in 2020 and 2021 anyway, so Federal buildngs were closed.

Defendant's second assertion about Plaintiff's unwillingness to prosecute this case is pure nonsense. What a shame that the case is pending against the defendants, perhaps they should have thought about consequences to their criminal behavior and misconduct against policy before they injured, falsely implicated and injured Plaintiff then falsely arrested and maliciously prosecuted her to cover up their violent criminal activities.Criminal charges were proper for them Plaintiff vehemently disagrees with use of a paragraph in Adams v. Trustees of New Jersey Brewery Employee's Pension Trust Fund, 29F.3d 683 (3d cir. 1994); " the inevitable dimming of witnesses' memories", because that quote states that "prejudice can include ". As with any witness , memory is an individual issue based on many things. Age can be a factor, one's ability to remember visual or by ear what they witnessed or their actions; one's health is a factor

There is no definitive rule that determines how much and if an indivdual can or does remember. Defendants defense does not diminish but rather is enhanced with time; perhaps they can find witnesses that they did not interview or investigate when they should have at the stadium or ER.It is true in any litigation, parties must be available as long as the case proceeds; what a shame for defendants to have litigation because of all their collective and colluded actions, Plaintiff is disabled. Becasue of their failure to properly investigate and disdain for seeking the truth , both police and prosecutors, Plaintiff was mistreated as the criminal defendant that the defendants in this lawsuit should have been, and not like the seriously injured crime victim that she is. By the way, ten years is not long for litigation ; some divorce cases that drag on for nearly 30 years. Plaintiff has an excellent memory.

To address, defendants third assertion, Plaintiff clearly has not procrastinated with any delay tactics. Defendants must acknowledge that but for their violent criminal activities , there would be no case , no ten year litigation and Plaintiff would be as healthy as she was prior to October 6, 2010.She would not be taking heart medications and others or have any of the other medical conditons caused by the physical trauma she survived from the aggravated assaults of Oteri and then later by other defendants like kelewishki. Fonzone called 911 for help as she was in fear for her life from kelewishki. Plaintiff did not"claim' that medical issues impeded her ability to conduct discovery. Her many medical issues, treatments and surgeries necessary as a direct result of the October 6, 2010 incidents DID prohibit her so that she needed an extension for a motion reply or discovery.It is the deliberate and blatant refusal to answer Interrogatories and Document Requests in fact denied Plaintiff answers she sought and was entitled to have in discovery. No, she did not want to confront the violent defendants and depose them; Mr. Shotland told her that he was going to depose them. Plaintiff tried to find loyal counsel to do this, but it is very difficult once a case is in litigation to find other counsel.It is also very difficult to wear all the hats and Plaintiff certainly should not have to do everything.

Conversely to defendants'incorrect allegation that Plaintff seeks re-litigation of settled issues in case

no issue has been settled or litigated, so how can there be any re-litigation? There is no pattern of any tactics to prevent the case from proceeding to trial. Admittededly, the court has authority to assign counsel in a civl rights case, Plaintiff did ask for this because it is difficult to do all the work when physicallydisabled.Plaintiff alleges that it is defendants that have a pattern of tactics of non-cooperation bad faith tactics to just dismiss the case, deny Plaintff her right to be made whole ,though impossible, as an injured individual, have offered nothing , no conference, no evidentiary hearing , no settlement conference, they are completely unreasonable , no meetings to look at documents or medical records, they have filed no pre -trial stipulation , exhibits or other documents. Defendants pattern of bad faith is wilful and evident. A fan is injured and disabled at a major league game and the team offers zero. Defendants conduct is wilful and self serving according to Adams, 29 F.3d 683 (3d Cir. 1994).They have no intention of acting in a civil and lawyer like fashion in order to resolve this case. There is no iota of fairness in their playbook, they merely want to dismiss with total disregard for Plaintiff's rights as the party seriously injured and disabled by them. Atrial fibrilation is a disability as is right ear deafness and the many orthopaedic damages, chronic migraine and other pain. There are many other injuries and conditions caused by defendants which Plantiff will have to treat for and endure the rest of her life. Do these defense lawyers have any sense of right and wrong or acknowledge the Rules of Professional Responsibility and fair dealing in litigation?

It is disgraceful how defendants are discussing sanctions to compensate defendants when they caused Plaintiff all the injures and damages; did defense lawyers read the complaint and Plaitniff's Discovery answers or look at any medical records? Alternative sanctions for what? Defendants must be sanctioned for complete failure to comply with Discovery and for defendants correct information must pay expenses to Plaintiff for their deliberate non-compliance and failure to co-operate with. Discovery Plaintiff is an attorney since 1986 attorneys who self represent are called pro se .She has been in compliance with every court Order without delinquency. Distinguishingly,defendants are continuously delinquent, brazen and fail to reply to Plaintiff's discovery as they are obviously hiding information.

The considerable merits ,substantial injuries permanent physical conditions and damages certainly do weigh strongly against dismissal of Plaintff's civil rights/injury action.

Yes, the case has not been dismissed, despite defendants desperate attempts , because this Court is cognizant ,there are many genuine issues of material fact in dispute, which defendants would like to sweep under the rug as though the criminal incidents of their clients never happened and did not seriously injure Plaintiff. Their violent unwarranted acts caused Plaintiff injuries and damages. They might have gotten away with blaming the victim , but the truth eventually will be exposed.

To correct defendants incorrect contention, Plaintiff's claims are not based on any assumption and a good lawyer never assumes anything, especially when all the facts are unknown to him. Fonzone was not lawfully arrested as she did not break any law and to date, there has NEVER been any evidence or probable cause that an arrest was valid or lawful. It was a false arrest prompted by false implication by oteri who lied to police to protect himself from accountability after he seriously injued Plaintiff at her stadium seat.Oteri brought police instead of medical help after causing her head to be pushed into seat

To further correct defendnants wrong assumptions, Plaintiff was neither disruptive or disorderly while at her seat doing the wave with all other fans, standing, sitting, cheering like fans do at baseball games, particularly playoff games. Exercise of an individual's First Amendment rights in speech or cheering like Plaintiff was doing, is protected and cannot be used to lawfully charge anyone with disorderly conduct. Comm. v. Masterangelo.Fonzone was a business invitee; she was not a trespasser or disorderly, she had a right to be there as no one told her to leave when she stood in concourse for 10-15 minutes watching game until grabbed from behind by police for no reason. Defendants can feel free to admit the false arrest at trial to be countered with overwhelming evidence of police ,prosecution misconduct, and medical records. Where and when was the probable cause and by whom?

After three retained attroneys did nothing to help Fonzone get the false charges dismissed and refused

to argue her Motion to dismiss which she filed in November 2010,Fonzone took over her defense June 2012 ,(Kotchian was the asst. prosecutor)and got the charges dropped August 22, 2012 with prejudice. Because kotchian unconstitutionally appealed and failed to give Fonzone notice , went to another judge and deliberately did not mention that the charges had been dropped with prejudice, the case went on. Fonzone learned this when she went to the clerk to file Expungment papers, and knew she better appear or the bench warrant squad could be sent again to her mother's home. Fonzone knew she was being penalized because she filed complaints with police ,various government agencies about incidents the victim being prosecuted ,rather than the violent perpetrators .IA deemed complaint "FOUNDED"

This travesty had cost thousands by now, so Fonzone accepted appointed counsel rather than retain another lawyer. The appointed lawyer met with Fonzone for about five minutes prior to trial in January 2013, so there was no time for her to bring the witnesses she had subpoenaed, there were four. Ms.Snyder was very good, the Judge acquitted Fonzone, then at last minute Kotchian whined and the Judge said okay, summary disorderly conduct. The information contained no facts and the definition of misdemenaor not summary disorderly conduct.Similarly, the first information dd not contain any facts. Snyder filed a Motion , walked into court, and Fonzone filed a Motion post trial. The Order was never filed,but signed and the conviction was overturned on weight of the evidence or lack thereof. Fonzone did not get a copy of this until a few years later, Snyder appealed then later withdrew without Fonzone's knowledge. The Order had the Judge's signature then oddly, there was something written underneath her signature in other handwriting. This was the second time Fonzone's criminal case was dismissed. Of note here, the site citation against Fonzone was written for unruly by officer ortiz who was no where near the area to see anything. (Odd how the deliberate burning of a building is deemed "not unruly "in cities around the country summer of 2020 but Fonzone doing the wave at a major league baseball playoff game was "unruly'). If fans were not excited, then teams should worry.

The day prior, Fonzone had scheduled a Private Criminal Complaint hearing agasint Oteri. The clerk

erred by puttting the same docket number on this case and asst. prosecutor Engle should not have been on both summary case against Fonzone and her private complaint against Oteri.The Judge would not let Fonzone speak, Engle threatened to get the sheriff so Fonzone left. Later, Ms. Snyder did not object to engle's dismissal of the private citizen complaint without hearing as Fonzone was not in the room. Moreover, when a case is appealed , according to the Philadelphia rules, prosecution has 120 days to bring case to trial or it is dismissed. The appeal filed by Ms. Snyder, after case had been dismissed twice was Febuary 11, 2013, and asst. kotchian dragged the appeal on with continuances much longer than 120 days or October 2, 2013. The case again legally was dismissed by rule 600 , but prosecutorial misconduct kept the case dragging on to further harass Fonzone, innocent crime vcitm. Three asst. prosecutors ayers, kotchian and engle were found by the Court to be in violation of Discovery orders. Fonzone filed Motions for production of all police reports , audio,videotape, and other exculpatory materials which were unconstitutionally witheld by police and prosecution. Brady v. Maryland. Ayers dragged Fonzone through mental health court ;hid the report with PTSD diagnosis.

The travesty went on as yet another Judge would not let Fonzone represent herself, and two appointed lawyers were not on her side. Richard patton in violation of the rules of Professional Responsibility and Ethics sent a derogatory libelous letter to the Judge about his "client' even before he ever spoke with his "client".Who was he talking to ?Consequently, the Judge intimidated Fonzone when she asked if there ws a CD player in the courtroom, he replied," Why do you want to dance?"

Fonzone wanted to play the 911 call she made after she was thrown against the wall the first time by kelewiscki and was in fear of her life. (Judge would not allow any of her evidence to be introduced into the record, including her ER record where she told nurse she was assaulted)When the CD was playing, Fonzone cried as she relived the horror,but the Judge had a predetermined opinion because of patton's disparaging letter.It is strange this malicious prosecution was allowed to proceed from the start; Fonzone's intent was to watch the game , she loves baseball and attended the game she loves .

Defendants here are also wrong in their mistaken assertion that Fonzone did not provide Notice she intends to produce expert evidence that her injuries are linked to the defendants. She has already done that in providing many medical records to the Court and to Mr Shotland. Further, at the scheduling conference with Judge Davis , she stated that she would have medical experts. As medical records are admissible and speak for themselves, it is quite ignorant for defendants to make such an assertion. Did they not read the file or Disocvery provided by Fonzone?

Distinguishing the case at bar with Poulis, there are no similarities which make them analogous at all. There is no scintilla or any factor here which could possibly rise to the level of the harshest penalty to an injured Plaintiff, that of dismissal with prejudice.Defendants are incorrect; Plaitniff did not have ten years to propound or review discovery. First, Fonzone had many medical issues to treat which consumed a tremendous amount of time and will the rest of her life.Secondly, defendants have failed to sufficiently or completely failed to answer and cooperate in the Discovery process so Plaintiff had almost no Discovery to review or proceed . How can a case be brought to trial with such huge inconsistencies and wilful omissions to participate in discovery in this case?No investigation was done by police, no answers to Interogatories about prior police complaints brought against defendants.

Conversely, it is the defendants who have failed miserably at every step to provide the Discovery answers Plaintiff is entitled to have in order to proceed and gather facts about defendants which have been kept hidden by their lawyers. The remedy is compulsion of complete Discovery answers of defendants , including depositions and videotape at stadium ,reasonable offer made and stay of case

3. CONCLUSION

WHEREFORE, based on the aforementioned, Plaintiff respectfully requests that this case proceed and not be dismissed with prejudice in the interests of justice.

Dated: April 18, 2022

Jo Ann Fonzone , Esquire
Pa Id No. 203914

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

JOANN FONZONE (a/k/a Judy McGrath)

Plaintiff

v.

JOE OTERI, OFFICER KELECHEWISCKY, OFFICER LESINETTE ORTIZ, OFFICER BEE, OFFICER KOVAC, PHILLIES, and CITIZENS BANK PARK

Defendant

Civil Action No. 12-cv-5726

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

DON BAILEY, ESQUIRE
4311 N. 6TH STREET
HARRISBURG, PA 17110

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: October 9, 2012

Lauren Sampson

Lauren Sampson, Deputy Clerk

PHILADELPHIA POLICE DEPARTMENT

COMPLAINT OR INCIDENT REPORT

YEAR	DIST./OCC.	D.C. NO.	SECT.	DIST.	VEH. NO.	REPORT DATE
10	03	79461	3	3	IA3A	12-7-10

CRIME OR INCIDENT CLASSIFICATION: CAP — CODE: 2704 — TIME OUT: 830 P — TIME IN: P

LOCATION OF OCCURRENCE: 10 Strawberry Bank Way — ☐ IN ☑ OUT — TYPE OF PREM.

DATE OF OCCUR. — DAY CODE — TIME OF OCCUR. — NATURE OF INJURY

COMPLAINANT: Confidential — AGE — RACE — SEX — PHONE (HOME)

ADDRESS: Confidential — PHONE (BUSINESS)

FOUNDED: ☑ Yes ☐ No — REPORT TO FOLLOW: ☐ Yes ☐ No ☐ Close Out — UNIT — CODE — INV. CONT NO.

WITNESS: ☐ Yes ☐ No — TRACEABLE PROP.: ☐ Yes ☐ No — UNIQUE DESCRIPTION OF OFFENDER: ☐ Yes ☐ No — OTHER EVIDENCE: ☐ Yes ☐ No

DESCRIPTION OF INCIDENT (Include Description of Crime Scene If Applicable)

WITNESS — ADDRESS — PHONE NO.

OFFENDER INFORMATION

PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)	PROP. CODE	INSURED	STOLEN VALUE
		☐ Yes ☐ No	$

DC NO.

VEHICLE 1 — OWNER'S NAME — VEHICLE 2 — OWNER'S NAME

VEHICLE 1 — OPERATOR'S NAME — VEHICLE 2 — OPERATOR'S NAME

WANTED/STOLEN MESSAGE SENT	DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY
General No. 4401 Date 1240	3	347	Middleton 8194

REPORT PREPARED BY: Middleton 8194 — NO. — DIST./UNIT — TOTAL PAGES — PAGE NO.

REVIEWED BY — NO. — DIST./UNIT — REFERRAL DATE — GEN. NO.

PURSUANT TO ACT 139 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM.

#3364
07-15-13
RS

CPD# 8161

PHILADELPHIA POLICE DEPARTMENT

COMPLAINT OR INCIDENT REPORT

YEAR	DIST/OCC	D.C. NO	SECT.	DIST.	VEH. NO.	REPORT DATE
10	03	79466	3	3	TA3A	12-5-10

CRIME OR INCIDENT CLASSIFICATION: CAP

LOCATION OF OCCURRENCE: Citizens Bank

DATE OF OCCUR | DAY CODE | TIME OF OCCUR

COMPLAINANT: Confidential | AGE | RACE | SEX | PHONE (HOME)

ADDRESS: Confidential | PHONE (BUS.)

REPORT TO FOLLOW | UNIT | CODE

☐ Clear Out

UNIQUE DESCRIPTION OF OFFENDER ☐ Yes ☐ No | OTHER EVIDENCE ☐ Yes ☐ No

DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)

WITNESS | ADDRESS | PHONE NO.

OFFENDER INFORMATION

PROPERTY DESCRIPTION | PROP. CODE | INSURED ☐ Yes ☐ No | STOLEN VALUE $

VEHICLE 1 OWNER'S NAME | VEHICLE 2 OWNER'S NAME

VEHICLE 1 OPERATOR'S NAME | VEHICLE 2 OPERATOR'S NAME

WANTED/STOLEN MESSAGE SENT General No. 44181 Date 12-5-10 | DIST./UNIT TERMINAL 3 | RECEIPT NO. 377 | SENT BY Middleton 3/54

REPORT PREPARED BY: Middleton | DIST/UNIT | TOTAL PAGES | PAGE NO

REVIEWED BY: [signature] 8579 | DIST/UNIT | DATE | PAYROLL NO

PURSUANT TO ACT 155 OF 1992 THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES ...

75-48 (Rev. 1/49)

Badge 8579

STIGATION REPORT — PHILADELPHIA POLICE DEPARTMENT

DISTRICT OF OCCURANCE	DC NUMBER	REPORT TYPE		DISTRICT	SECTOR
3RD	79466	INITIAL (49)	Sheet 1 of 1	3RD	

PREVIOUS CLASSIFICATION	CODE	INVESTIGATING OFFICER	BADGE	PAYROLL	DIST / UNIT PREPARING	CODE	REPORT DATE
		LT. APPLETON	131	0	Iad	0	12/8/10

CLASSIFICATION	CODE	PLACE OF OCCURRENCE	J.A.D. INVESTIGATIONS
C.A.P.	2704	1 CITIZENS BANK WAY	☐ Male ☐ Female ☐ Adult Offenders (Juvenile Offenders)

COMPLAINANT (USE FIRM NAME)	AGE	RACE	SEX
JO ANN FONZONE	52	WHITE	FEMALE

COMPLAINANT ADDRESS	COMPLAINANT PHONE
2242 TILGHAM ST ALLENTOWN, PA	484-294-6481

TYPE OF PREMISES	DATE REPORTED	TIME REPORTED	REPORTED BY	ADDRESS
	12/8/10	11:06 AM		

DATE OF OCCURRENCE	DAY CODE	TIME	FOUNDED	STATUS	UNIT
10/6/10	3	6:13 PM	☒ Yes ☐ No	1. ☒ Active 3. ☐ Arrest - cleared 2. ☐ Inactive - not cleared 4. ☐ Exceptionally cleared	0

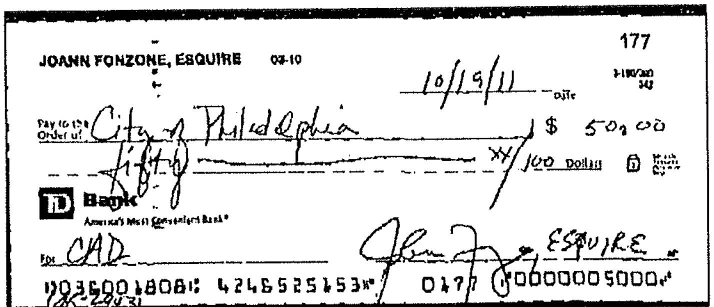
STOLEN PROPERTY	PROPERTY VALUE	RECOVERED VALUE	INSURED	OCCURRENCE
B. Miscellaneous	$ 0	$ 0	☐ Yes ☐ No	☐ Inside ☒ Outside

COMPLAINT AGAINST POLICE

DC# 10-03-079466

IAB # 10-0724

INVESTIGATOR	BADGE	PAYROLL	SERGEANT	BADGE	PAYROLL	LIEUTENANT	BADGE	PAYROLL
NEWSOME-MIDDLETON	8194	0						



JOANN FONZONE, ESQUIRE 03-10

177

10/19/11 Date

Pay to the Order of City of Philadelphia $ 50,00

fifty xx/100 Dollars

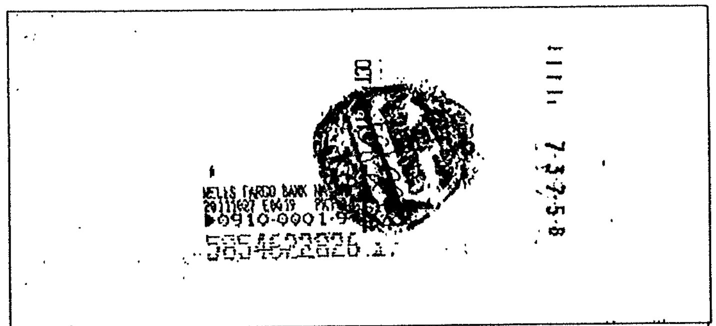
TD Bank America's Most Convenient Bank

For CAD

ESQUIRE

⑆031201808⑆ 4246525153⑈ 0177 ⑆0000005000⑆

Account: 4246525153
Amount: 50.00
PostDate: 20111028
Tran_ID: 575784246
CheckNum: 177
DIN: 575785081
ReturnReasonDescription:
ECEItemSeqNum: 000005854622826



WELLS FARGO BANK NA

5854622826

Account: 4246525153
Amount: 50.00
PostDate: 20111028
Tran_ID: 575784246
CheckNum: 177
DIN: 575785081
ReturnReasonDescription:
ECEItemSeqNum: 000005854622826

CAD REPORT 9/11/10 call
on 10/06/10

INCIDENT HISTORY DETAILS

SEARCH PARAMETERS

FROM DATE:	10/06/2010	TIME FROM:	0000
TO DATE:	10/06/2010	TIME TO:	2359

PRIMARY UNIT(S): ALL
TX NUMBER(S): ALL
DC NUMBER(S): 1003062707
LOCATION(S): ALL
EVENT TYPE(S): ALL
DISTRICT(S): ALL
SECTOR(S): ALL
PRIORITY(S): ALL
DISPOSITION(S): ALL
PAYROLL NUMBER(S): ALL
COMPLAINANT INFO: N FULL DETAILS: Y
BLOCK ADDRESS: ALL
RESPONSE TIME: ALL
GENERAL #:
WORKSTATION ID: ALL
REQUESTED BY: FIVE SQUAD RADIO FOR COURT ATTENDANCE

INCIDENT HISTORY DETAIL

****

NEW RECORD -- NEW RECORD -- NEW RECORD

****

CALL 1027906545 DIST CASE 1003062707 CROSS REFERENCE CALL : NO

ENTERED: 10/06/2010 18:13:06 BY C31 (') /193260 AS TYPE IVPER
DISPATCHED: BY
ONSCENE: BY
CLOSE FILED: 10/06/2010 18:13:06 BY C31 /193260
DISPOSITION: ARR PRIMARY UNIT: 3OP P
TYPE: IVPER (INVESTIGATE PERSON) PRIORITY: 3
LOCN: 1 CITIZENS BANK WAY ,PHL (CITIZENS BANK PARK)
DIVISION: DISTRICT: 03 SECTOR: 3
NAME: ADDR: PHONE:

REMARKS

10/06/2010 18:13:06	BADGE 9404	C31	193260

SEGMENTS

10/06/2010 18:13:06	ENTRY	$P1003062707 Dispo: ARR	C31	193260
10/06/2010 18:13:06	WALKIN	Walkin Event For Unit 3OP	C31	193260
10/06/2010 18:13:06	PRIUNIT	3OP	C31	193260
10/06/2010 18:13:06	CLOSE	D/ARR	C31	193260

****

TOTAL RECORDS RETRIEVED = 1

SENSITIVE CALLER INFORMATION NOT INTENDED FOR PUBLIC KNOWLEDGE REMOVED FROM THIS REPORT.

Case 5:12-cv-05726-PAC Document 2-4 Filed 05/03/22 Page 21 of 148

Computer Crime Unit Fax:215-683-1868 Dec 13 2010 11:39 P.01

I got this Exculpatory evidence in 2019.

DAchdit Dec 13, 2010

Injured prior to arrest by Other.

Exculpatory evidence hidden by police and prosecution for 3 years (evidenced I was crime victim) despite Motions requesting all police reports and Right to Know Requests.

PHILADELPHIA POLICE DEPARTMENT

COMPLAINT OR INCIDENT REPORT

YEAR	DIST/OCC.	D.C. NO.	SECT.	DIST.	VEH. NO.	REPORT D
10	1	10-01 42106	1	3	302	10-7-10

CRIME OR INCIDENT CLASSIFICATION	CODE	TIME OUT
Hospital Case	3017	1225 P

LOCATION OF OCCURRENCE: 2301 S 24TH — IN / OUT — TYPE OF PREMISES

DATE OF OCCUR.	DAY CODE	TIME OF OCCUR.	NATURE OF INJURY
10-7-10	9	1225 P	

COMPLAINANT W/F DOB 7-19-58	AGE	RACE	SEX	PHONE (HOME)
JOANN FONZONE	52	W	F	294 6481

ADDRESS: 5550 N OCEAN DR WEST PALM BEACH FLORIDA — PHONE (BUSINESS)

FOUNDED ☐ Yes ☐ No — REPORT TO FOLLOW ☐ Yes ☒ No ☐ Close Out — UNIT — CODE — INV. CO

WITNESS ☐ Yes ☐ No — TRACEABLE PROP. ☐ Yes ☒ No — UNIQUE DESCRIPTION OF OFFENDER ☐ Yes ☐ No — OTHER EVIDENCE ☐ Yes ☒ No

DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)

H/C HOSP CASE

ABOVE COMP TRANSPORTED TO METH HOSP FOR INJURYS TO HER RIGHT HAND SHE OBTAINED AT PHILLIES GAME DR HART ON DUTY COMP STATE'S INJURYS WERE PRIOR TO BEING

WITNESS: ARRESTED — ADDRESS: COMP GIVEN — PHONE NO.

OFFENDER INFORMATION: 500 MGS TYLENOL

PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable) — PROP. CODE — INSURED ☐ Yes ☐ No — STOLEN VALUE $

Emergency? Dispute? [illegible]

VEHICLE 1 — OWNER'S NAME — VEHICLE 2 — OWNER'S NAME

VEHICLE 1 — OPERATOR'S NAME — VEHICLE 2 — OPERATOR'S NAME

WANTED/STOLEN MESSAGE SENT General No. Date — DIST/UNIT TERMINAL — RECEIPT NO. — SENT BY

REPORT PREPARED BY	NO.	DIST/UNIT	TOTAL PAGES	PAGE NO.
BALDWIN JENKINS	4534 4444	3	1	1

REVIEWED BY	NO.	DIST/UNIT	REFERRAL DATE	CEN NO.
Sgt Addison	8255	1		

PURSUANT TO ACT 155 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM.

75-48 Front (Rev. 11/09)

174431 / 229683

PHILADELPHIA POLICE DEPARTMENT

COMPLAINT OR INCIDENT REPORT

YEAR	DIST./OCC.	D.C. NO.	SECT.	DIST.	VEH. NO.	REPORT DATE
10	03	62707		03	03005	10-6-1(

CRIME OR INCIDENT CLASSIFICATION | CODE | TIME OUT (A / P) | TIME IN

LOCATION OF OCCURRENCE: Citizens bank way. sec/07 | ☐ IN ☑ OUT | TYPE OF PREM.: 6

DATE OF OCCUR.	DAY CODE	TIME OF OCCUR.	A / P	NATURE OF INJURY
10-6-10	3	615	P	none

COMPLAINANT: Police | AGE | RACE | SEX | PHONE (HOME)

ADDRESS | PHONE (BUSINESS)

FOUNDED	REPORT TO FOLLOW	UNIT	CODE	INV. CONT
☐ Yes ☐ No	☐ Yes ☐ No ☐ Close Out			

WITNESS	TRACEABLE PROP.	UNIQUE DESCRIPTION OF OFFENDER	OTHER EVIDENCE
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)

Site. Arrest offender was placed under arrest #10-03-62707 for disorderly conduct after being told multiple times to sit down and stop being unruly during the game.

WITNESS | ADDRESS | PHONE NO.

OFFENDER INFORMATION: Jo Ann Fonzone 719-58 w/f 5550 N. Ocean Drive.

PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)	PROP. CODE	INSURED ☐ Yes ☐ No	STOLEN VALUE $

DC NO.

VEHICLE 1 — OWNER'S NAME | VEHICLE 2 — OWNER'S NAME

VEHICLE 1 — OPERATOR'S NAME | VEHICLE 2 — OPERATOR'S NAME

WANTED/STOLEN MESSAGE SENT (General No. / Date)	DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY

REPORT PREPARED BY	NO.	DIST./UNIT PAGES	TOTAL NO.	PAGE
P/O Ortiz	9681	14	1	1

REVIEWED BY	NO.	DIST./UNIT	REFERRAL DATE	CEN NO.

PURSUANT TO ACT 155 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM:

75-48 (Rev. 6/94)

259413.

354378

whether the contemnor is financially able to pay as ordered.

(1) Upon a determination that the defendant is financially able to pay as ordered, the issuing authority may impose imprisonment for nonpayment, as provided by law.

(2) Upon a determination that the contemnor is financially unable to pay as ordered, the issuing authority may order a schedule for installment payments.

(C) A contemnor may appeal an issuing authority's determination pursuant to this rule by filing a notice of appeal within 30 days of the issuing authority's order. The appeal shall proceed as provided in Rule 141.

Comment: This rule provides the procedures governing defaults in the payment of fines imposed as punishment for contempt in proceedings before district justices, Pittsburgh Magistrates Court judges, and Philadelphia Traffic Court judges. *See* 42 Pa.C.S. §§ 4137(c), 4138(c), or 4139(c). As used in this rule, "issuing authority" refers only to district justices, Pittsburgh Magistrates Court judges, and Philadelphia Traffic Court judges when acting within the scope of their contempt powers. *See* 42 Pa.C.S. §§ 4137, 4138, and 4139.

For contempt procedures generally, see Rule 140.

When a contemnor defaults on a payment of [illegible] paragraph (A) requires the issuing authority to [illegible] contemnor of the default, and to provide the contemnor an opportunity to either pay the amount due or appear [illegible] 10-day period to explain why the contemnor should [illegible] imprisoned for nonpayment. If the contemnor fails to appear, the issuing authority must issue a warrant for the arrest of the contemnor.

If the hearing on the default cannot be held immediately, the issuing authority may set bail as provided in Chapter [illegible].

This rule contemplates that when there has been an appeal pursuant to paragraph (C), the case would return to the issuing authority who presided at the default hearing for commencement of the collection process.

Note: Rule 32 adopted October 1, 1997, effective October 1, 1998; renumbered Rule 142 and amended March [illegible], effective April 1, 2001; amended March 3, 2004, effective July 1, 2004.

Historical Notes

By Order of Jan. 6, 2005, eff. Jan. 29, 2005, the Pennsylvania Supreme Court ordered "that all references in any court rule, court order, [illegible] form (including citation), automated statewide court case management system (i.e. PACMS, CPCMS and DJS) or any other legal [illegible] except as provided for in Act 207 [2004, Nov. 30, P.L. 1618, No. 207], 'district justice' shall be deemed a reference to 'magisterial district [illegible]

PART E. MISCELLANEOUS WARRANTS

Rule 150. Bench Warrants

(A) In a court case when a bench warrant is executed, the case is to proceed in accordance with the following procedures.

(1) When a defendant or witness is arrested pursuant to a bench warrant, he or she shall be taken without unnecessary delay for a hearing on the bench warrant. The hearing shall be conducted by the judicial officer who issued the bench warrant, or, another judicial officer designated by the president judge or by the president judge's designee to conduct bench warrant hearings.

(2) In the discretion of the judicial officer, the bench warrant hearing may be conducted using two-way simultaneous audio-visual communication.

(3) When the individual is arrested in the county of issuance, if the bench warrant hearing cannot be conducted promptly after the arrest, the defendant or witness shall be lodged in the county jail pending the hearing. The authority in charge of the county jail promptly shall notify the court that the individual is being held pursuant to the bench warrant.

(4) When the individual is arrested outside the county of issuance, the authority in charge of the county jail promptly shall notify the proper authorities in the county of issuance that the individual is being held pursuant to the bench warrant.

(5) The bench warrant hearing shall be conducted without unnecessary delay after the individual is lodged in the jail of the county of issuance on that bench warrant.

(a) When the bench warrant is issued [illegible] supervising judge of a "multi-county" investigating grand jury, the individual shall be detained until the supervising judge is available to conduct the bench warrant hearing.

(b) In all other cases, the individual shall be detained without a bench warrant hearing for no more than bench warrant longer than 72 hours, or [illegible] the next business day if the 72 hours expires [illegible] business day.

(6) At the conclusion of the bench warrant hearing, following the disposition of the matter, the judicial officer immediately shall vacate the bench warrant.

(7) If a bench warrant hearing is not held within the time limits in paragraph (A)(5)(b), the bench warrant shall expire by operation of law.

(B) As used in this rule, "judicial officer" refers to the magisterial district judge or common pleas court judge who issued the bench warrant, or the magisterial district judge or common pleas court judge designated by the president judge or by the president judge's designee to conduct bench warrant hearings, or, in Philadelphia, trial commissioners.

Comment: This rule addresses only the procedures to be followed after a bench warrant is executed, and does not apply to execution of bench warrants outside the Commonwealth, which are governed by the extradition procedures in 42 Pa.C.S. § 9101 *et seq.*, or to warrants issued in connection with probation or parole proceedings.

Paragraph (A)(2) permits the bench warrant hearing to be conducted using two-way simultaneous audio-visual communication, which is a form of advanced communication [illegible]

Charles Mapp, Deputy Court Administrator
Philadelphia City Hall, Rm. 336
Philadelphia, Pa 19107

6/11/17

Mr. Mapp,

It was a pleasure to meet you Thursday June 8, 2017. Pursuant to your suggestion, I went to speak with Elaine but she was not in the office at the time. As I explained to you regarding a case of October 6, 2010, I motioned for dismissal with prejudice and case was dismissed with prejudice on a 1013 Motion (237 days exceeded the allowable 180 speedy trial rule) August 22, 2012. As you know , with prejudice, means the action is not appealable.

Despite the non-appealable status of the unsubstaniated charges against me, (as I was the victim of physical assaults and serious injuires), because the prosecutor intentionally failed to serve me Notice of Appeal, neither I or anyone on my behalf was appearing in court from September through December ,2012 as prosecutor Kotchian misrepresented facts to the court to have the case proceed.

Moreover, the Common Pleas Judge Patrick was unaware during that time that I had not been served notice or more importantly, that the case could not be appealed. When I finally learned the case was in Common Pleas court, I informed Judge Patrick that I had not been given notice or opportunity though the ADA Kotchian was aware I was representing myself and did so June, July and August 2012. The Judge ignored the violations of my constitutional rights to due process erroneously allowed the appeal and said" You're here aren't you?". The proceedings after August 22, 2012 were in violation of my due process rights, retaliatory, wrongful and void.

Though I filed a private Citizen complaint against the perpetrator who had injured me then falsely implicated me by lying to the police, my scheduled hearing on January 17, 2013 was erroneously disallowed by Judge Patrick because the prosecutor objected . A different prosecutor should have been assigned to my private criminal complaint against Joe Oteri as the one in Judge Patrick's court was prosecuting me at the time.This was a definite conflict of interest.

The next day, a trial occurred where I was acquitted , but at last minute, ada Kotchian whined to the Judge . "ok summary disorderly conduct".Isn't their job to seek the truth and prosecute violent criminals who seriously injure women?

Ten days later, I filed Motion to vacate based on insufficent evidence. Then my co-counsel Ms. Snyder appeared in court with a vacate motion which Judge Eubanks signed. The case was again dismissed. For some odd reason, the original Order was not in the court file when I looked at the file. Subsequently, a Notice of Appeal was filed February 11, 2013. According to the Rules, there is a 120 day requirement when a case is appealed from Municipal to common Pleas and the prosecutor must bring it to trial or the case is dismissed.

Despite the Rules, the case went on and on. I filed and tried to argue Rule 600 Motions to dismiss, but the Judge wouldnt allow me to do argue them. This was because appointed lawyer Patton wrote a derogatory letter to the Judge about me to prejudice him against me before I ever even spoke to or met him. Again, my consitutional speedy trial rights were violated , but the case dragged on until March 2014.
Based on the factual account of this travesty of justice, I am the victim of injuries and injustice and believe have more than paid my dues for breaking no law while attending a phillies playoff game. I'd appreciate if you could forward this information to have the disposition errors corrected.

Thank you, Jo Ann Fonzone, Esquire

Jo Ann Fonzone, Esquire

Dominic Rossi
Court Compliance
Philadelphia City Hall, Rm. 370
Philadelphia, Pa 19107

5/11/17

Mr. Rossi,

I have been trying to reach you to discuss the legal circumstances surrounding the matter at issue. Then I was told to write to you by your assistant Mr. Jordan.
Last week I sent via fax a number of documents evidencing the fact that I motioned for dismissal with prejudice and case was dismissed with prejudice on a 1013 Motion (237 days exceeded the allowable 180 speedy trial rule) August 22, 2012. As you know , with prejudice, means the action is not appealable.

Despite the non-appealable status of the unsubstaniated charges against me, as I was the victim of physical assaults and serious injuires, because the prosecutor intentionally failed to serve me Notice of Appeal, neither I or anyone on my behalf was appearing in court from September through December , 2012 as Kotchian misrepresented facts to the court to have the case proceed.

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Though I filed a private Citizen complaint against the perpetrator who had injured me then falsely implicated me by lying to the police, my scheduled hearing on January 17, 2013 was erroneously disallowed by Judge Patrick because the prosecutor objected . A different prosecutor should have been assigned to my private criminal complaint against Joe Oteri as the one in Judge Patrick's court was prosecuting me at the time.

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Despite the Rules, the case went on and on. I tried to argue Rule 600 Motions to dismiss, but the Judge wouldnt allow me to do so. This was because appointed lawyer Patton wrote a derogatroy letter to the Judge about me to prejudice him against me before I ever even spoke to or met him. Again, my consitutional speedy trial rights were violated , but the case dragged on until March 2014.

Based on the factual account of this travesty of justice, I am the victim of injuries and injustice and believe have more than paid my dues for breaking no law while attending a phillies playoff game. Sincerely

RECEIVED

DEC 17 2012

ACTIVE CRIMINAL RECORDS
CRIMINAL MOTION COURT

IN THE COURT OF COMMON PLEAS OF PHILADEPHIA COUNTY

COMMONWEALTH OF PENNSYLVANIA

VS

JOSEPH OTERI

MC-51-CR
0043169-
2010

CP-51-[redacted]
MD-61-2013

PRIVATE CITIZEN APPEAL OF MUNICIPAL COURT DECISION ON CITIZEN COMPLAINT

Jo Ann Fonzone aka Judy Mc Grath , a private citizen hereby appeals ,(pursuant to Criminal Procedure Rule 840 c) of the to this Honorable Court of Common Pleas of the decision of the Municipal Court in denying the issuance of her private criminal complaint against Joseph Oteri of the incident on October 6, 2010 . In July 2012, when private citizen learned the name of the security guard , Oteri , that falsely implicated her in the criminal system, after he caused her serious injuries to her head and right arm, hand and shoulder, she filed a private criminal complaint with the District Attorney private citizen complaint office . After they refused to take any action, question or investigate or even serve the complaint on Oteri, Petitioner inquired as to the appeal process, and was told by Micvhele Wolfe that her complaitn would be forwarded to the municipal Court for review. The complaint was to include alleged violations of Pa. C.S.A. Sec. 5301 ," A person acting or purporting to act in an official capacity commits a misdemeanor of the 2nd degree if he, 1) subjects another to arrest , search, seizure, mistreatment or other infringement of personal or property rights; or

2) denies or impedes another in the exercise or enjoyment of any right , privilege...and 5105 , 5504

(d) " A person who knowingly gives false information to any law enforcement officer with the

intent to implicate another under this section commits an offense under Section 4906.

The private criminal complaint also contained allegations of assault, Sec.2701(though because of the serious injuries , it should have been aggravated assault) , battery, harrassment Sec.2709 and criminal conspiracy, Sec. 903 unlawful restraint, reckless endangerment .

The assistant 's disapproval was the usual prosecutorial discretion and judicial economy as though the serious physical and emotional injuries of the crime victim, and the continuous legal harrassment ,abuse , and financial burden that she suffers from is unimportant to the law enforcement agency . It is unknown to the private complaint affiant whether the assistant da gave the municipal court all of the supporting documents and evidence that she submitted for its review .

Supporting documents that were given for review included affidavits, photos of severe injuries, a 911 cd ,(when Jo Ann Fonzone called for help because she was being physically assaulted by a police officer , after being falsely implicated by Oteri,) and other documents Ms. Fonzone was at a Phillies playoff game and was doing nothing wrong or illegal , she was standing and cheering with her rally towel , like the other 47,000 fans when she was grabbed by her right arm then pushed into the stadium seat by the security guard. She did not know he was a security guard when he proceeded to grab her arm and touch her without her consent, push her and pull at her arm, then later push her head into the seat in front of her which caused her to fall to the cement ground causing her serious injuries to her head and body.

WHEREFORE, Petitioner respectfully requests that this Honorable Court grant this Motion to reverse the Municipal court decision denying her private citizen complaint in accordance with Criminal *court rule 840 and issue a summons for Joe Oteri* to appear before the Municipal Court for Arraignment.

Respectfully submitted,
Jo Ann Fonzone, Esquire

TRINITY PRINTING,INC 215-242-4025

PRIVATE CRIMINAL COMPLAINT

215783

CR -

COMMONWEALTH OF PENNSYLVANIA

THE PHILADELPHIA MUNICIPAL COURT
Criminal Justice Center
1301 Filbert Street
Philadelphia, PA 19107

COMMONWEALTH OF PENNSYLVANIA
vs.

JOE OTERI
CITIZENS BANK PARK
1 CITIZENS BANK WAY
Philadelphia PA 19148

DISTRICT ATTORNEY'S OFFICE
☐ Approved ☐ No Opinion
Disapproved because:
Retaliation
Lacks prosecutorial merit
Prosecutorial discretion
Judicial economy

DATE 7/6/12 ASSISTANT DISTRICT ATTORNEY

DATE 7/3/2012 INTERVIEWER Michelle Comia-Wolfe

Bureau: S

DEFENDANT DESCRIPTION

This defendant ☐ has ☒ has not been fingerpr

RACE	SEX	HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	DAY OF BIRTH (Mo., Day, Yr.)
Wht	Female	5'9"	175	BRN	UNK	47

OTHER 11/4/50

I, the undersigned do hereby state under oath or affirmation my name is MS. JO ANN FONZONE
My address is 2242 TILGHMAN ST ALLENTOWN, PA 18104
The accused has violated the Crimes Code or other laws of the Commonwealth of Pennsylvania in Philadelphia County on about 10/6/2010 5:47:00 PM, 1 CITIZENS BANK WAY PHILA PA.
The said acts were:

Comp was attending a Phillies game and acc was a stadium employee for Citizens Bank Park. On the above date, time and location comp was standing and cheering with her rally towel when acc (white male dressed in a blue shirt) grabbed comp's right arm. Acc began pulling on comp's right arm, comp moved away and acc continued pulling comp's arm. Comp believes a police officer (white male dressed in a white shirt) approached comp and acc. Comp states acc and the officer pushed comp causing comp to hit her head on the back of the seat in front of her. Comp then fell to the ground. When comp grabbed her purse, acc and the officer pulled comp off the ground by comp's arms and began pushing comp up the steps. Acc and the officer escorted comp onto the concession stand concourse. Police notified DC# 10-03-042106. Medical treatment sought. Comp does not know what this incident stems from.
CHARGES: 903 CRIMINAL CONSPIRACY (M2), 2701 SIMPLE ASSAULT (M2), 2709 HARASSMENT (S).

all of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to law. I ask that a summons or a warrant of arrest be issued and that the accused be required to answer the charges.

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF PHILADELPHIA: ss

And now, this date _____ 20____, I certify the complaint has been properly deposed and executed and that there is probable cause for the issuance of process.

Judge

I, MS. JO ANN FONZONE verify that the facts set forth in this complaint are true and correct to best of my knowledge, information and belief. This is made subject to penalties of Section 4904 of the Crimes Code (18 Pa. C.S. §4904) relating to unsworn falsification to authorities.

7/3/12
Date

Signature

SUMMONS

YOU ARE COMMANDED TO APPEAR BEFORE THE PHILADELPHIA MUNICIPAL COURT FOR ARRAIGNMENT

DATE (Fecha)	TIME (Tiempo)	LOCATION (Sitio)
		Criminal Justice Center 1301 Filbert Street - Room 408 Philadelphia, PA

If you fail to appear at the time and place mentioned, a Warrant will be issued for your arrest. You have the right to be represented by an attorney.

CITATION

USTED ESTA ORDENADO PARA APARECER ANTE LA CORTE MUNICIPAL DE FILADELPHIA PARA LECTURA DE ACUSACIO

Si usted falta de aparecer al lugar y tiempo mencionado una citac sera entragado para su aresto. Usted tiene el derecho de representado por un abogado.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of this Court this

THE $39.10 COURT FILING FEE IS REQUIRED TODAY

ACCEPTABLE FORMS OF PAYMENT: CASH, MONEY ORDER
(You may use major credit cards, and debit cards from 9am until 3:30pm)

Name of the person who you wish to file against: Joe Oteri
(one person per sheet)

Home or work **Address** for this person during the day: Citizens Bank Park

City: Philadelphia **State:** PA **Zip:**

This person's **Race** is: **Black** **White** **Asian** **Hispanic** **Other**
(please circle one)

AGE: 47 **SEX:** Male or Female **HEIGHT:** average **WEIGHT:** medium

Hair color: brown **Eye Color:** ?

Were you **threatened** or **assaulted**? yes

Do you want someone **evicted**? NO, FIRED From h

Briefly write the exact threat or explain the assault:
I was watching the Phillies playoff game, sitting and standing and waiting my rally- like the other 46,000 fans. A man in blue shirt suddenly starte grab and pull at my right arm. I moved to my left to get away fr him. Later he and another (very large man) started getting rough wi grabbing, then pushing me into the seat in front of me and my head hit t A guy in front of me yelled to them "Let her alone, she's not doing anyth Then they dragged me from the section and pushed me from behind to th where I was told to "stay there". About 10- I was sitting when Oter grabbed me, minutes later I grabbed fr behi my

Were the **police notified**? Yes or No I called 911.

If yes, write the **district** or District Control Number (DC#) 18th District

Were either you or the person you are filing against **Arrested** during this incident?
Yes or No, if yes **who**: I was because Oteri provided false information to la to falsely implicate me. Sec. 5105 (a)(5); 5504 (d), 5301, 4906 18 Pa.C.S.A.

Date(s) of incident(s)	**Time**(s) of incident(s)	**Location**(s) of incident(s)
October 6, 2010	5:47 p.m.	Citizens Bank Park

John F. Kennedy Behavioral Health Center
112 N. Broad Street
Philadelphia, PA 19102

Psychiatric Evaluation

Patient: JoAnn Fonzone **Client Chart #:** 3180

Address: 2242 Tilghman Street **Date of Birth:** 7/19/58

Allentown, PA 18104 **Date of Evaluation:** 10/19/11

Phone: 484-294-6481 **Social Security #:**

Referral Source: Self

****

Purpose of Evaluation:

Psychiatric evaluation

Chief complaint/Presenting symptoms:

Client is a 53 year old separated Caucasian female. She states she is Court ordered for a psychiatric evaluation. Client states that on October 6, 2010 she was at a Phillies game by herself. In the second inning someone in a blue shirt started pulling on her. She was dragged over the concession area. She was then "dragged" to the police room at the stadium. Five years prior, she was the victim of an assault in which she sustained multiple rib fractures. She states she was thrown into a wall by one of the officers. She states she called 911 and told them she was being assaulted. Then an officer came in and started beating her with his stick and demanding her phone. She was later taken to another station and finger printed. She was charged with disorderly conduct because she was standing.

An officer saw her bruises and sent her to the emergency room. She states she sustained a contusion and developed cardiac problems, i.e. atrial fibrillation.

History of Presenting Symptoms:

She states she has flashbacks every three weeks. She sleeps approximately seven hours. She was not gone to a Phillies games since. She is less social. She is more hypervigilant. She is uncomfortable and worries about her safety if she goes out alone. Mood is "ok". Appetite is okay, weight is up a little. No auditory or visual hallucinations. No history of panic disorder. No anorexia or bulimia. No obsessive compulsive behaviors. No hypomanic or manic behaviors. No suicidal or homicidal ideation. No history of self injurious behavior.

On September 23, 2011 the police broke into her mother's house because she missed a court date. As a result she no longer feels safe there.

Name: JoAnn Fonzone

Past psychiatric history (including substance abuse history, if any)

Abused Women's Group
No inpatient or outpatient psychiatric treatment.
No drug or alcohol abuse.

Medical history (including medication and allergies):

Atrial Fibrillation — Toprol 75mg po BID
Three motor vehicle accidents — ASA 81mg (2) po daily
Optic Stroke with loss of vision in right eye
S/P concussion
Allergy – PCN – GI upset
Codine – GI upset

Social History (including cultural background, education, occupation, legal history, etc.):

Lawyer
Some sporadic work
History of domestic abuse, no sexual abuse
No children
Married 1983, legally separated since 1993, husband was abusive, physically and financially

Family medical and psychiatric history:

Mother – HTN
Father – deceased 1987, MI, DM
Brother – HTN
Two sisters – alive and well

History of past traumatic experiences:

Assaulted 1993 in New York
Assaulted 2005 by a restaurant owner

Past psychiatric medication (including allergies or adverse reaction to medication):

Denied

Present medication:

Denied

Name: JoAnn Fonzone

Mental Status:

Client is a 53 year old separated Caucasian female who is well nourished and well developed. She has no psychomotor abnormalities. She is alert and oriented to person, place and time. Mood is "okay", affect is appropriate. Thought processes are goal directed. She has no thought insertion or withdrawal. No auditory or visual hallucinations. No suicidal or homicidal ideation. Judgement and insight are good.

Clinical formulation (please include client strengths, barriers to recovery, progress made towards recovery, present goals and aspirations for treatment):

Client is an articulate and insightful woman. She is just here to have the evaluation done as per courts request.

She is a long standing victim of multiple abuses. She would benefit from therapy but feels that she can not financially afford it at this time.

Diagnosis:

Axis I(Code): 309.81 Diagnosis: Post Traumatic Stress Disorder Chronic

(Code): _____ Diagnosis: _____

Axis II: (Code): _____ Diagnosis: _____

Axis III: Atrial Fibrillation, S/P concussion, S/P 3MVA's

Axis IV: Finances, legal, health

Axis V(GAF): 68

Medication prescribed:

None at this time.

Treatment goals and type of treatment recommended:

1. Would recommend individual therapy to address anxiety associated with abuse and trauma.

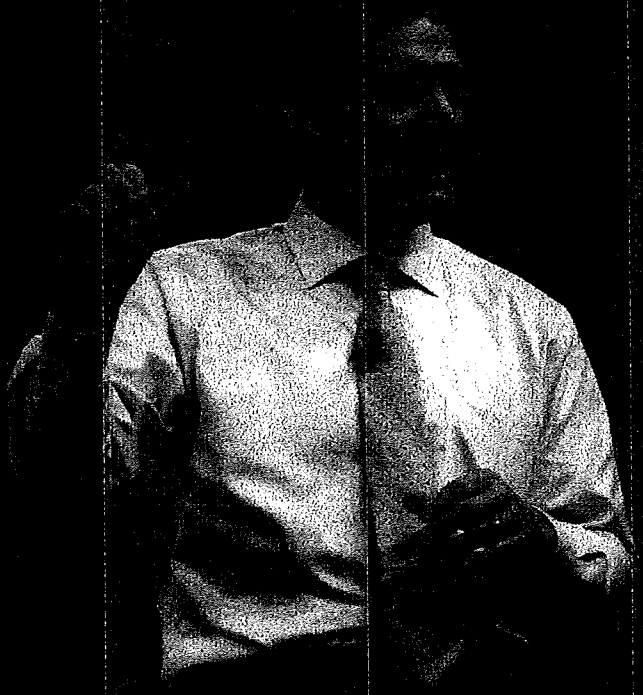
2. Would consider and antidepressant trial as well. Antidepressants have been shown to be beneficial in decreasing post traumatic stress symptoms

Buster Smith, MD
Psychiatrist Name (Print)

Buster Smith MD
Psychiatrists Signature

10/19/11
Date

DO WHAT YOU SAID YOU WOULD DO



FIGHTING FOR FREEDOM IN THE SWAMP

CONGRESSMAN

JIM JORDAN

one hundred plus day siege of the federal courthouse in Portland. It showed Antifa members smashing windows, burning cars, and burning the American flag.

It's always difficult in a hearing to coordinate the use of video with testimonies and questions. It's especially tough when Republicans are in the minority in the House. The majority Democrats control the computers and TVs in the room. They always "seem to have trouble" when it's a Republican video. We decided to take the risk.

We figured the safest time to play it was right after my opening statement. The Democrats could probably avoid "trouble," but we brought our own TV just in case the TV screens in the room the Democrats controlled didn't work. The day before the hearing, I asked our top communications staffer to put together a montage of Democrats and journalists saying "peaceful protest." Putting the montage on the front end of the video added about ninety seconds to the clip.

Right after the opening statements, we played it. We felt it was important for the country to see. The mainstream press had not covered the violence of that summer. It began with an MSNBC reporter Ali Velshi standing in front of a large building engulfed in flames. As the building burns in the background, the reporter says, "I want to be clear on how I characterize this. This is mostly a protest. It is not, generally speaking, unruly."

I am not kidding. The building is on fire, but it's "not, generally speaking, unruly." Really? I guess it was a fire that just happened. No one started it. It started itself. It was spontaneous. A spontaneous, peaceful fire!

CERTIFICATE OF SERVICE

I, Jo Ann Fonzone, Esquire aka Judy Mc Grath hereby certify that I have on this day caused to be served by U.S. Mail Plaintiff's Reply to defendants motion to dismiss her civil rights/injury action upon the followng as listed below:

Kathryn Faris
City of Philadelphia
1515 Arch St., 14th floor
Philadelphia, Pa 19102

James Binns
1125 Walnut St.
Phila., Pa 19107

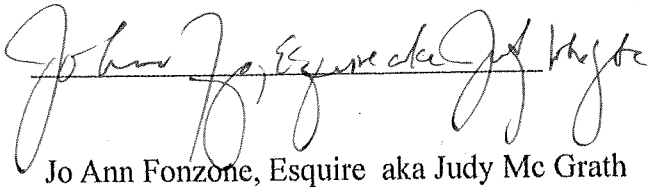
Phila. District Attorneys ' office
3 Penn Square
Phila. Pa 19107

Defender assocs.
1441 Sansum St.
Phila., pa 19107

Michael Eidel
Fox Rothschild
2700 kelly road
Warrington, Pa 18976

The Phillies Organization management
One Citizen bank park Way
Phila., Pa 19148

April 18, 2022



Jo Ann Fonzone, Esquire aka Judy Mc Grath

FONZONE, JOANN
ADM 10/07/2010 SEX F
DOB 07/19/1958 52y
MR# 03995832 ACCT# 39681727
DATE OF SERVICE //

EMERGENCY DEPARTMENT NURSES NOTES - Page 1

FORM NAME

56002 FORM NO. New 06/06 REVISION DATE

Methodist Hospital
Thomas Jefferson University Hospital
Jefferson Health System
2301 South Broad Street
Philadelphia, PA 19148

Date: 10-6-10 Time: 0038

Source of Medication List: ☐ Patient ☐ Family ☐ Other

Allergies: PCN, Codiene

☐ No Medications Taken

Initial and Date If Additional Meds Identified	Medication Name (Write Legibly) Home Meds/Prior to Admission	Dose	Route	Frequency
	Denies			

Past Med/Surg History: SZ's, Blind @ Eye, Head Trauma, Back Surg, Rib Fx's, MVP, Asthma

Name: Joann Fonzone
Category: HI
SS #:
Date: 10-6-10 Time: 0038
Age: 52 Date of Birth: 7/19/58
Allergy Bracelet Applied: ☒ Yes ☐ N/A
Vital Signs: ☐ Accucheck
Temp. 96.6 ☒ Oral ☐ R ☐ T
Pulse 112 Resp. 18 BP 159/9
Pulse Ox 98% Peak Flow
On: ☒ Room Air ☐ O2 Therapy
Pain Scale: 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Pain Location: ☒ Arm
Pain Duration: 7 hours
Asthma: ☒ Yes ☐ No
Height: 5'6" Weight: 112
Immunizations:
Last Tetanus: Unk
Visual Acuity: OD OS ☐ N/A
Glasses: C☐ S☐ Contact Lenses: C☐ S☐

Pregnant/Breastfeeding: ☐ Yes ☒ No Urine Pregnancy: ☐ Pos. ☐ Neg. FDLMP: 3 wks Ago

Chief Complaint / Onset / Physical Assessment: Pt states Assault

X Prior to Arrival: ☐ NONE Tylenol @ 1330

☐ REASSESSMENT TIME:
☐ SEE PAGE 2

DIRECTED TO: ☐ WAITING ROOM ☒ TREATMENT ROOM # 1 ☐ FAST TRAC ☐ OTHER

TREATMENT IN TRIAGE: ☐ SPLINT ☐ ICE ☐ SLING ☐ ELEVATION ☐ DRESSING ☐ COLLAR

☒ REQUESTED SPECIMEN urine ☐ MEDICATED

SIGNATURE OF TRIAGE NURSE: ☐ X-RAY:

NEURO — 4

EYE OPENING
4 SPONTANEOUS
3 VOICE
2 PAIN
1 NONE

VERBAL — 5
5 ORIENTED
4 CONFUSED
3 INAPPROPRIATE RESPONSE
2 INCOMPREHENSIBLE SOUNDS
1 NONE

MOTOR — 6
6 OBEYS COMMAND
5 LOCALIZES PAIN
4 WITHDRAWS (PAIN)
3 FLEXION (PAIN)
2 EXTENSION (PAIN)
1 NONE

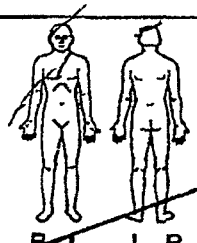
CARDIAC
INITIAL RHYTHM
PULSE: ☐ REGULAR RATE ☐ IRREGULAR RATE ☐ STRONG ☐ THREADY ☐ NORMAL
EDEMA: LOCATION: 0 ☐ PITTING ☐ NON-PITTING
SKIN: ☐ NORMAL ☐ OTHER:

RESPIRATORY
BREATH SOUNDS: B L
CLEAR ✓ ✓
RALES — —
RHONCHI — —
WHEEZING — —
ABSENT — —
DIMINISHED — —
SMOKER ☐ YES ☐ NO
COUGH ☐ YES ☐ NO
PRODUCTIVE:

GI / GU
ABDOMEN
BOWEL SOUNDS ☐ YES ☐ NO
DISTENTION ☐ YES ☒ NO
SOFT ☐ RIGID ☐
Last BM:

APPETITE
☐ POOR ☐ NORMAL
VOMITING:

URINATION
☐ NORMAL ☐ RETENTION
☐ BURNING ☐ INCONTINENT
☐ FOLEY
☐ URINE DIP ☐ POS ☐ NEG



A = ABRASION
B = BURN
C = CONTUSION
D = DEFORMITY
E = ECCHYMOSIS
GSW = GUN SHOT WOUND
L = LACERATION
P = PAIN
PS = PRESSURE SORE
R = RASH
SW = STAB WOUND

PSYCHOSOCIAL
PRIMARY LANGUAGE: English LANGUAGE BARRIER: ☐ YES ☒ NO
DO YOU LIVE ALONE? ☐ YES ☒ NO FALLS RISK SCORE: 0 (see back of copy for range)

LEHIGH VALLEY
PHYSICIAN GROUP
Affiliated with Lehigh Valley Hospital and Health Network

Heritage Family Practice
2901 Hamilton Boulevard
Suite 100
Allentown, Pennsylvania 18104
Telephone (610) 437-0739
Fax (610) 437-3601

Richard D. Baylor, M.D.
Linda S. Loffredo, M.D., F.A.A.F.P. *
Wendy Rush Spinosa, M.D. *

*Diplomate
American Board of Family Practice

November 1, 2005

To Whom It May Concern: Re: JoAnn Fonzone DOB: 07/19/58

I am Ms. Fonzone's primary care provider and have treated her over the past few years for physical injuries.

It is my medical opinion that she has no emotional or psychological problems. She takes no medications on a regular basis.

Thank you for your attention.

Sincerely,

Wendy Rush Spinosa, MD

Heritage Family Practice - LVHN
2901 Hamilton Blvd Suite 100 Allentown, PA 18103
610-437-0739 Fax: 610-437-3601

JO A FONZONE **MRN:** 00194191
Sex: Female **DOB:** 07/19/1958

10/08/2010 - Office Visit: LE1 302 INJURIES TO CHEST,ARMS,HANDS Room #6
Provider: Wendy Rush Spinosa MD
Location of Care: Heritage Family Practice - LVHN

CC: Bruising and pain right arm and chest area.

History of Present Illness:
Pt here for f/u chest wall and arm and hand contusions , pt had 10/5/10 she was at the Phillies game and she was standing and someone behind her yelled to sit down , a security guard came and grabbed her arm and pushed her she fell against her R arm , a few others from security took her to a room and threw her in there and pushed her against a seat , one of them stuck a stick in her chest . She was seen in an ER in Philadelphia and she ? had xrays of her R arm but not her chest wall . She ahs iced her r arm it feels some better . She has hx MVP for yrs under times of stress she can have palpitations at times she has seen Cassel , then later HCG Olex and Markson

Past Medical History:
Reviewed history and no changes required:
DJD neck

Past Surgical History:
Reviewed history from 03/19/2009 and no changes required:
laminectomy / lumbar Stephens

Family History:
Reviewed history from 03/24/2009 and no changes required:
Family history of Hypertension- Mother 72
Family history of Diabetes- Father
Family history of Myocardial infarction- Father
Family history of Cancer- aunts
Family history of Cancer- uncle

Social History:
Reviewed history from 03/20/2009 and no changes required:
No [redacted] children

Risk Factors:
Tobacco use: quit
Alcohol use: yes
Type: occasionally

Review of Systems
See HPI

Heritage Family Practice - LVHN
2901 Hamilton Blvd Suite 100 Allentown, PA 18103
610-437-0739 Fax: 610-437-3601

JO A FONZONE **MRN:** 00194191
Sex: Female **DOB:** 07/19/1958

Vital Signs:

Patient Profile:	52 Years Old Female
Weight:	115.6 pounds
Temp:	96.3 degrees F tympanic
Pulse rate:	86 / minute
BP sitting:	130 / 90 (left arm)

Vitals Entered By: Liza Faglioni LPN (October 8, 2010 11:47 AM)

Medications added this visit:
VICODIN 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 po q 6 hrs prn pain

Physical Exam

General:
well developed, well nourished, in no acute distress.
Head:
normocephalic and atraumatic.
Eyes:
PERRL/EOM intact, conjunctiva and sclera clear.
Ears:
TM's intact and clear with normal canals.
Nose:
no deformity, discharge, inflammation, or lesions.
Mouth:
no deformity or lesions.
Neck:
no masses, thyromegaly, or abnormal cervical nodes, no carotid bruit.
Chest Wall:
+ lg hematoma mid sternum tender to palp
Lungs:
clear bilaterally to auscultation.
Heart:
regular rate and rhythm, S1, S2 without murmurs, rubs, or gallops
Msk:
r forearm distal radial aspect healing hematoma radial pulse full
Pulses:
present and equal bilaterally.
Extremities:
seea bove
Neurologic:
no focal deficits, cranial nerves II-XII grossly intact with grossly normal sensation, reflexes, coordination,

Heritage Family Practice - LVHN
2901 Hamilton Blvd Suite 100 Allentown, PA 18103
610-437-0739 Fax: 610-437-3601

JO A FONZONE **MRN:** 00194191
Sex: Female **DOB:** 07/19/1958

---

muscle strength and tone.
Skin:
intact without lesions or rashes.
Cervical Nodes:
no significant adenopathy.
Psych:
alert and cooperative; normal mood and affect; normal attention span and concentration.

Impression & Recommendations:

Problem # 1: CONTUSION OF CHEST WALL (ICD-922.1)
ice the area then switch to warm compresses
Orders:
X-Ray (*)
Echocardiogram (*)

Problem # 2: CONTUSION, ARM (ICD-923.9)
healing watch lifting
Orders:
X-Ray (*)
Echocardiogram (*)

Problem # 3: MITRAL VALVE PROLAPSE, HX OF (ICD-V12.50)
pt has not had echo since 2006 arrange same
Orders:
X-Ray (*)
Echocardiogram (*)

Medications Added to Medication List This Visit:
1) Vicodin 5-500 Mg Tabs (Hydrocodone-acetaminophen) .... 1 po q 6 hrs prn pain

Patient Instructions:
1) pt understands plan await xrays and echo

Signed by Wendy Rush Spinosa MD on 10/08/2010 at 12:21 PM

Coordinated Health
Better. Together.

November 7, 2016

RE: FONZONE, JO ANN (0050341)

To Whom It May Concern:

Jo Ann Fonzone is a 58-year-old female who is under my care for her current cervical spine condition in our Back and Neck Center at Coordinated Health. Ms. Fonzone has a history of chronic neck pain since being a victim of an aggravated assault on October 6, 2010. Patient has neck pain that radiates to the upper back and down the right upper extremity. She has recently received trigger point injections in the office setting and is scheduled to receive a right sided cervical epidural steroid injection in the coming weeks. She is also currently in physical therapy for her cervical spine condition. MRI of the cervical spine was recently done on October 6, 2016 and shows significant multilevel disc protrusions causing advanced foraminal stenosis and nerve root impingement.

The patient is scheduled for her cervical epidural steroid injection on November 17, 2016 and will need several weeks after the epidural injection to allow it to take effect and should decrease her activity level during that time. Patient was originally referred to me by Dr. Randy Jaeger, an orthopedist, who was treating her for shoulder issues. She is also seeing Dr. John Williams, another orthopedic, for shoulder issues. She has received shoulder steroid injections as well.

Due to the patient's ongoing cervical spine condition with ongoing treatment, she will need time to attend her physical therapy sessions, to have her injection procedures done and to recuperate from her injection procedures. This will significantly decrease her ability to perform work related tasks and we are requesting that she be allowed an extension on her current work deadlines through the end of the calendar year. She may ultimately need several epidural injections in the course of her treatment.

If there are any questions, please do not hesitate to contact me at 610-861-8080. Thank you for your attention to this matter.

Sincerely,

Brian Goldberg, M.D.
BG/jm

CARDIOVASCULAR AND
THORACIC SURGICAL
ASSOCIATES OF ST. LUKE'S

701 Ostrum Street, Ste 603
Bethlehem, PA, 18015
(484) 526-3990

MRN: **HNE62239039** DOB: **07/19/1958 (58)**
Encounter Date: **04/21/2017 9:00AM**
Patient Information: **JOANN FONZONE**
2242 W TILGHMAN ST
APT C1
ALLENTOWN, PA 18104
Phone #:(H) **(610) 434-3155**

Assessment

1. Aortic ectasia (447.70) (I77.819)

Discussion/Summary

Discussion Summary:
It was my pleasure to evaluate Joann today for an asymptomatic ascending aorta measuring 3.9 cm. She has very few risk factors and no family history. She needs a lot of reassurance. I assured her that she is at extremely low risk of aortic complications and does not require any follow up imaging or visits with a surgeon.

From an aortic perspective she is cleared to proceed with spine surgery as appropriate.

She will continue to follow up with Dr. Gulotta as scheduled.

Chief Complaint

Chief Complaint Free Text Note Form: aortic clinic

History of Present Illness

HPI: Ms. Fonzone is a 58 year old female with a past medical history notable for paroxysmal atrial fibrillation since 2010 and chest trauma who follows with Dr. Gulotta who had a recently had a stress echo for complaints of DOE. Her stress echo demonstrated a prominent ascending aorta at 3.9 cm. The patient was the sent for a CT scan of the chest for further evaluation. She now presents to the office for consultation. She states she has been having SOB with rest and exertion as well as chest pain intermittently over the last 2 years, worsening in the last 6 months. She states she has been taking vitamin b supplements with some resolution of her symptoms She has no family history of aneuryms. Her father had early death at age 58 due to MI. She denies tobacco use. She tolerates her ADLs independently. Her mother is here with her on examination today. She is scheduled to have a neck operation in the upcoming months due to herniated discs.

Review of Systems

Complete-Female:
Constitutional: no fever, not feeling poorly, no recent weight gain, no chills, not feeling tired and no recent weight loss.
Eyes: no eye pain, no eyesight problems, no dryness of the eyes, eyes not red and no purulent discharge from the eyes.
ENT: no nosebleeds, no sore throat, no hearing loss, no nasal discharge and no hoarseness.
Cardiovascular: chest pain, but as noted in HPI, the heart rate was not slow, no intermittent leg claudication, the heart rate was not fast and no lower extremity edema.
Respiratory: shortness of breath, but as noted in HPI, no cough, no orthopnea, no wheezing and no PND.
Gastrointestinal: no abdominal pain, no nausea, no vomiting, no constipation and no diarrhea.
Genitourinary: no dysuria and no incontinence.
Musculoskeletal: no arthralgias, no joint swelling, no myalgias and no joint stiffness.
Integumentary: no rashes, no itching, no skin lesions and no skin wound.
Neurological: no headache, no numbness, no confusion, no dizziness, no convulsions, no fainting and no difficulty walking.

Psychiatric: no anxiety, no sleep disturbances and no depression.
Hematologic/Lymphatic: no tendency for easy bleeding and no tendency for easy bruising.

Active Problems

1. Aortic ectasia (447.70) (I77.819)
2. Arthritis (716.90) (M19.90)
3. Atypical chest pain (786.59) (R07.89)
4. Exertional shortness of breath (786.05) (R06.02)
5. Hearing problem (V41.2) (H91.90)
6. Mitral valve prolapse (424.0) (I34.1)
7. Paroxysmal atrial fibrillation (427.31) (I48.0)

Past Medical History

1. History of fracture of rib (V15.51) (Z87.81)
2. History of Seizures (780.39) (R56.9)

Active Problems And Past Medical History Reviewed:
The active problems and past medical history were reviewed and updated today.

Surgical History

1. History of Laminectomy Lumbar

Surgical History Reviewed:
The surgical history was reviewed and updated today.

Family History

Mother

1. Family history of hypertension (V17.49) (Z82.49)
2. Family history of High cholesterol

Father

3. Family history of coronary artery disease (V17.3) (Z82.49)
4. Family history of diabetes mellitus (V18.0) (Z83.3)
5. Family history of hypertension (V17.49) (Z82.49)
6. Family history of sudden cardiac death (SCD) (V17.41) (Z82.41)

Family History

7. Family history of arthritis (V17.7) (Z82.61)
8. Family history of cerebrovascular accident (CVA) (V17.1) (Z82.3)

Family History Reviewed:
The family history was reviewed and updated today.

Social History

- Exercise: Walking
- Former smoker (V15.82) (Z87.891)
- No drug use
- Social alcohol use (Z78.9)

Social History Reviewed: The social history was reviewed and updated today.

Current Meds

1. Digoxin 125 MCG Oral Tablet; take 1 tablet by mouth every day;
   Therapy: 29Apr2016 to (Evaluate:05May2017) Requested for: 06Mar2017; Last Rx:06Mar2017 Ordered
2. Eliquis 5 MG Oral Tablet; TAKE 1 TABLET BY MOUTH TWO TIMES DAILY;
   Therapy: 11Apr2016 to (Evaluate:05May2017) Requested for: 06Mar2017; Last Rx:06Mar2017 Ordered
3. Multi-Vitamin Oral Tablet; TAKE 1 TABLET DAILY;
   Therapy: (Recorded:21Apr2017) to Recorded
4. Propafenone HCl ER 325 MG Oral Capsule Extended Release 12 Hour; TAKE 1 CAPSULE EVERY 12 HOURS;
   Therapy: 11Apr2016 to (Evaluate:03May2017) Requested for: 04Mar2017; Last

Rx:04Mar2017 Ordered

Medication List Reviewed:
The medication list was reviewed and updated today.

Allergies

1. Codeine Derivatives
   Nausea; Updated By: Lora, Paola; 4/21/2017 8:51:50 AM
2. Penicillins
   Unknown Allergic Reaction; Updated By: Lora, Paola; 4/21/2017 8:51:50 AM

Vitals

Vital Signs

	Recorded: 21Apr2017 08:51AM	
Heart Rate	76	
Respiration	12	
Systolic	122, RUE	122, LUE
Diastolic	76, RUE	78, LUE
Height	5 ft 6 in	
Weight	120 lb	
BMI Calculated	19.37	
BSA Calculated	1.61	
O2 Saturation	99	

Physical Exam

Constitutional
General appearance: No acute distress, well appearing and well nourished.
Eyes
Conjunctiva and lids: No erythema, swelling or discharge.
Ears, Nose, Mouth, and Throat
Lips, teeth, and gums: Normal, good dentition.
Oropharynx: Normal with no erythema, edema, exudate or lesions.
Neck
Jugular veins: Normal.
Pulmonary
Respiratory effort: No increased work of breathing or signs of respiratory distress.
Auscultation of lungs: Clear to auscultation.
Cardiovascular Peripheral vascular exam: Normal.
Palpation of heart: Normal PMI, no thrills.
Auscultation of heart: Normal rate and rhythm, normal S1 and S2, no murmurs.
Examination of extremities for edema and/or varicosities: Normal.
Abdomen
Abdomen: Non-tender, no masses.
Musculoskeletal
Back: Normal.
Gait and station: Normal.
Inspection/palpation of digits and nails: Normal without clubbing or cyanosis.
Muscle strength/tone: Normal.
Skin
Skin and subcutaneous tissue: Normal without rashes or lesions.
Palpation of skin and subcutaneous tissue: Normal turgor.
Psychiatric
Orientation to person, place and time: Normal.
Mood and affect: Normal.

Results/Data

Diagnostic Studies Reviewed:

CT Scan Review CT chest w contrast 3/16/2017

LUNGS: Lungs are clear. There is no tracheal or endobronchial lesion.

PLEURA: Unremarkable.

HEART/GREAT VESSELS: Heart is normal size. Supravalvular ascending aorta measures 3.5 cm and that the level of the right main pulmonary artery measures 3.5 cm.

MEDIASTINUM AND HILA: Unremarkable.

CHEST WALL AND LOWER NECK: Unremarkable.

VISUALIZED STRUCTURES IN THE UPPER ABDOMEN: Indeterminate hypodense lesions in the right lobe of liver the largest measuring 1.2 cm.

OSSEOUS STRUCTURES: Multiple old healed left rib fractures. No acute fracture. No destructive osseous lesion.

Signatures

Electronically signed by : Cheryl Ann Lugiano, PAC; Apr 21 2017 9:33AM EST (Author)
Electronically signed by : Cheryl Ann Lugiano, PAC; Apr 21 2017 9:35AM EST (Author)
Electronically signed by : J. Raymond Fitzpatrick, M.D.; Apr 21 2017 10:21AM EST (Author)

********** IMPORTANT INFORMATION ABOUT YOUR MEDICATIONS **********

Please carefully review your medication list after each visit to verify that the list is accurate and up to date. Please call our office if there are medications missing from the list, medications on the list that you are not currently taking, or there is a dosage or instruction that is different from how you are taking a medication. Thank you for being involved in helping to keep your record current and accurate.

****

PATIENT ACCESS TO YOUR HEALTH RECORD

St. Luke's Physician Group has a new online service that connects you to your health information through eVantageHealth. This is a secure, user-friendly personal health record with tools and resources you can use to better manage your health and coordinate care. This free service is provided by eVantageHealth.

For information on how to log on and start using this service, please call 484-526-8893 or log into www.evantagehealth.com and follow the instructions.

Jo Ann Fonzone
5/26/2016 3:00 PM Office Visit
MRN: 00194191

Description: **57 year old female**
Provider: **Andres Zirlinger, MD**
Department: **Cc Lvpg Pulm Med**

Diagnoses

Shortness of breath - Primary
ICD-10-CM: R06.02
ICD-9-CM: 786.05

SOB (shortness of breath)
ICD-10-CM: R06.02
ICD-9-CM: 786.05

Other chest pain
ICD-10-CM: R07.89
ICD-9-CM: 786.59

Restrictive lung disease
ICD-10-CM: J98.4
ICD-9-CM: 518.89

Liver lesion
ICD-10-CM: K76.9
ICD-9-CM: 573.8

Reason for Visit

Consult
Shortness of Breath
Chest Pain
Reason for Visit History

Vitals

Most recent update: 5/26/2016 2:46 PM by Sonia E Flores, MA

BP	Pulse	Resp	Ht	Wt	BMI
130/90 mmHg	72	18	1.676 m (5' 6")	54.885 kg (121 lb)	19.54 kg/m2

SpO2	OB Status	Smoking Status
97%	Postmenopausal	Former Smoker

Notes

Progress Notes by Andres Zirlinger, MD at 5/26/2016 2:57 PM

Author:	Andres Zirlinger, MD	Author Type:	Physician	Filed:	5/26/2016 3:47 PM
Note Status:	Signed	Cosign:	Cosign Not Required	Note Time:	5/26/2016 2:57 PM
Editor:	Andres Zirlinger, MD (Physician)				

Subjective:
HPI

The patient is here for evaluation of SOB. States that she has been SOB since 2005 but over the past 6 months it has been worse.

She states that the shortness of breath occurs with one or 2 blocks or climbing one or 2 flights of stairs. Sometimes she is woken up in the middle of the night because of shortness of breath. She denies any cough or sputum production. No hemoptysis. She does have some chest pain which has been happening since October of 2010 after she had some chest trauma. At that point she did have flail chest with multiple rib fractures. She suffered assaults twice (2005 and 2010) and had fractures at that time.

She does have chest pain since 2010 - substernal. Sometjmes it wakes her up. Rest helps. Sitting at her computer causes a lot of discomfort.

No acid reflux History. No trouble swallowing or eating. Appetite has been OK. Weight steady.

He denies any wheezing.

The patient had been told she had asthma but she has not had any asthma symptoms for 35 years. She does have some allergy injections in the past.

The patient has quit smoking multiple years ago.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Review of Systems
Constitutional: Negative for chills.
HENT: Negative for postnasal drip and sore throat.
Vision: Negative for eye discharge.
Respiratory:
See HPI

Cardiovascular: Negative for palpitations.
Gastrointestinal: Negative for abdominal pain.
Endocrine: Negative for heat intolerance.
Genitourinary: Negative for dysuria.
Musculoskeletal:
No new joint ache
Skin:
No new rash
Neurological: Negative for dizziness.
Hematological: Negative for adenopathy.
Mental Health: Negative for sleep disturbance.

Objective:
BP 130/90 mmHg | Pulse 72 | Resp 18 | Ht 1.676 m (5' 6") | Wt 54.885 kg (121 lb) | BMI 19.54 kg/m2 | SpO2 97%
Physical Exam
Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.
HENT:
Head: Atraumatic.
Mouth/Throat: No oropharyngeal exudate.
Eyes: Pupils are equal, round, and reactive to light.
Neck: No JVD present.
Cardiovascular: Regular rhythm.
Pulmonary/Chest: Breath sounds normal. She has no wheezes.
Abdominal: Soft. Bowel sounds are normal.
Musculoskeletal: She exhibits no edema.
Lymphadenopathy:

She has no cervical adenopathy.
Neurological: She is alert and oriented to person, place, and time.
Skin: Skin is dry.
Psychiatric: She has a normal mood and affect.

Assessment/Plan:

SOB (shortness of breath)
I personally reviewed the CT of the chest that was performed on the 21st of this month. There is very mild atelectasis at the bases and potentially very mild lung scarring which is probably related to the prior lung contusions. Otherwise the lung parenchyma is normal.
I personally reviewed the spirometry that was done today. It reveals a potential mild to moderate restrictive ventilatory defect.

The shortness of breath is most likely related to the restrictive ventilatory defect which is most likely related to prior multiple fractures in the sternum and ribs. There is no interstitial lung disease to speak of. Other reasons of the shortness of breath are significantly less likely. I have recommended the following

1. Obtain a full pulmonary function testing for further evaluation.
2. If it is okay by the primary care physician and cardiology team, start an exercise program.

Restrictive lung disease
I reviewed this problem throughout the rest of the note. Please refer to the other assessments for details.

Other chest pain
The chest pain is probably musculoskeletal. There is nothing to suggest pleural disease causing the pain. Another consideration should be silent gastroesophageal reflux. At trial of a PPI might be worth it.

Liver lesion
On the CAT scan of the chest, there appears to be a liver lesion that is most likely consistent with a hemangioma. However, I will allow the patient's primary care physician to determine if any further imaging like MRI or ultrasound is needed and whether a consultation with the gastroenterologist is needed at this point in time or not.

Assessment & Plan Note by Andres Zirlinger, MD at 5/26/2016 3:46 PM

Author:	Andres Zirlinger, MD	Author Type:	Physician	Filed:	5/26/2016 3:46 PM
Note Status:	Written	Cosign:	Cosign Not Required	Note Time:	5/26/2016 3:46 PM
Problem:	Liver lesion				
Editor:	Andres Zirlinger, MD (Physician)				

On the CAT scan of the chest, there appears to be a liver lesion that is most likely consistent with a hemangioma. However, I will allow the patient's primary care physician to determine if any further imaging like MRI or ultrasound is needed and whether a consultation with the gastroenterologist is needed at this point in time or not.

Assessment & Plan Note by Andres Zirlinger, MD at 5/26/2016 3:46 PM

Author:	Andres Zirlinger, MD	Author Type:	Physician	Filed:	5/26/2016 3:46 PM
Note Status:	Written	Cosign:	Cosign Not Required	Note Time:	5/26/2016 3:46 PM
Problem:	Other chest pain				
Editor:	Andres Zirlinger, MD (Physician)				

The chest pain is probably musculoskeletal. There is nothing to suggest pleural disease causing the pain. Another consideration should be silent gastroesophageal reflux. At trial of a PPI might be worth it.

Assessment & Plan Note by Andres Zirlinger, MD at 5/26/2016 3:45 PM

Author:	Andres Zirlinger, MD	Author Type:	Physician	Filed:	5/26/2016 3:45 PM
Note Status:	Written	Cosign:	Cosign Not Required	Note Time:	5/26/2016 3:45 PM
Problem:	Restrictive lung disease				
Editor:	Andres Zirlinger, MD (Physician)				

I reviewed this problem throughout the rest of the note. Please refer to the other assessments for details.

Assessment & Plan Note by Andres Zirlinger, MD at 5/26/2016 3:45 PM

Author:	Andres Zirlinger, MD	Author Type:	Physician	Filed:	5/26/2016 3:45 PM
Note Status:	Written	Cosign:	Cosign Not Required	Note Time:	5/26/2016 3:45 PM
Problem:	SOB (shortness of breath)				
Editor:	Andres Zirlinger, MD (Physician)				

I personally reviewed the CT of the chest that was performed on the 21st of this month. There is very mild atelectasis at the bases and potentially very mild lung scarring which is probably related to the prior lung contusions. Otherwise the lung parenchyma is normal.
I personally reviewed the spirometry that was done today. It reveals a potential mild to moderate restrictive ventilatory defect.

The shortness of breath is most likely related to the restrictive ventilatory defect which is most likely related to prior multiple fractures in the sternum and ribs. There is no interstitial lung disease to speak of. Other reasons of the shortness of breath are significantly less likely. I have recommended the following

1. Obtain a full pulmonary function testing for further evaluation.
2. If it is okay by the primary care physician and cardiology team, start an exercise program.

No pregnancy episode available.

Infusion Orders

No relevant orders to display.

Orders Placed This Encounter

Future Labs/Procedures	Expected by	Expires
DIFFUSION CAPACITY [PFT26 Custom]	As directed	5/26/2017
LUNG VOLUMES [PFT20 Custom]	As directed	5/26/2017
SIX MINUTE WALK [PFT22 Custom]	As directed	5/26/2017
SPIROMETRY BEFORE/AFTER [PFT17 Custom]	As directed	5/26/2017

Results are available for this encounter

Level of Service

PR OFFICE OUTPATIENT NEW 60 MINUTES [99205]

Follow-up and Disposition

Return in about 3 months (around 8/26/2016) for PFTs before next visit.

Routing History

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Billing Provider	Modifiers	Qty
99205	PR OFFICE OUTPATIENT NEW 60 MINUTES	5/26/2016	Andres Zirlinger, MD	Andres Zirlinger, MD	25	1
	Dx: Shortness of breath [R06.02], Other chest pain [R07.89], Other disorders of lung [J98.4], Liver disease, unspecified [K76.9]					
94010	PR BREATHING CAPACITY TEST	5/26/2016	Andres Zirlinger, MD	Andres Zirlinger, MD		1
	Dx: Shortness of breath [R06.02]					
G8510	PR PT INELIG NEG SCRN DEPRES	5/26/2016	Andres Zirlinger, MD	Andres Zirlinger, MD		1
	Dx: Shortness of breath [R06.02]					

All Flowsheet Templates (all recorded)

Custom Formula Data
Encounter Vitals
Vitals Reassessment

Chart Reviewed By

Wendy J Rush-Spinosa, MD on 5/26/2016 6:52 PM

Chart Review Routing History

No encounter routing history is on file

Letter Routing History

There are no sent or routed communications associated with this encounter.

Referring Provider

Wendy J Rush-Spinosa, MD

Chart Reviewed By

Wendy J Rush-Spinosa, MD on 5/26/2016 6:52 PM

BestPractice Advisories

Click to view BestPractice Advisory history

Scanned Documentation

Encounter-Level Documents:

There are no encounter-level documents.

AVS Reports

Date/Time	Report	Action	User
5/26/2016 3:48 PM	AVS - Outpatient	Printed	Wendy R Young

Other Encounter Related Information

Allergies & Medications
Problem List
History
Patient-Entered Questionnaires

Message Routing History

Priority	Sent On	From	To	Last Action	Message Type
	5/26/2016 3:47 PM	Andres Zirlinger, MD	Wendy J Rush-Spinosa, MD	Done at 5/26/2016 6:52 PM	CC'd Charts

Lehigh Valley Health Network
A PASSION FOR BETTER MEDICINE

Performing Department:

250 CETRONIA RD, STE
101ALLENTOWN PA 18104
610-674-4940

Age:
57 year old
Patient Location:

DOB:
7/19/1958
MRN:
00194191

Name:
Fonzone, Jo Ann
Address:
2242 W TILGHMAN ST APT C1
ALLENTOWN PA 18104-4392

Account Number:
605074078
Accession Number:
80633084

Attending Provider:

Ordering Physician:
Wendy J Rush-Spinosa
CC:

PCP:
Rush-Spinosa, Wendy J
Exam Time:
05/20/2016 2:00 PM

Transcribed Date and Time:

Procedures Performed:
CT CHEST W CONTRAST

Signs and Symptoms:
SOB (shortness of breath)
Other chest pain
Sternal pain

Reason for Exam:

Clinical History: Shortness of breath, other chest pain, sternal pain. Painful inspiration for 6 months.

Comparison: No previous chest CT.

Comment: CT of the chest was performed after the administration of 75 cc of Omnipaque 350 intravenous contrast.

Minimal linear subsegmental ectasis or scarring at the left lung base. No pulmonary parenchymal mass or focal consolidation. No pleural effusion or

pneumothorax. Central airways are patent.

No intrathoracic adenopathy. Heart normal in size, with no pericardial effusion. Thoracic aorta normal in caliber.

1.3 x 1.1 cm low-density lesion within the right posterior segment of the liver medially (centered on image 15, series 2) with suggestion of subtle nodular peripheral enhancement is indeterminate on this exam but can represent a hemangioma. Comparison with previous studies or a nonemergent contrast-enhanced abdominal MRI can be performed for confirmation. Remainder of the upper abdominal images are grossly unremarkable.

Mild degenerative changes within the thoracic spine.

IMPRESSION:
Impression:
1. No acute abnormality within the chest.
2. 1.3 x 1.1 cm low-density lesion within the right posterior segment of liver medially which is indeterminate but probably represents a small hemangioma as described.

Signed By: J Christopher Martucci, MD on 5/21/2016 10:12 AM
Dictated by: MARTUCCI, J CHRISTOPHER on Sat May 21, 2016 10:12:04 AM EDT

00194191

LEHIGH VALLEY CARDIOLOGY ASSOCIATES

Robert H. Biggs, D.O., F.A.C.C., F.A.C.O.I.
Kenneth P. Skorinko, M.D., F.A.C.C., F.S.C.A.I.
John A. Mannisi, M.D., F.A.C.C., F.S.C.A.I.
Anthony M. Urbano, M.D., F.A.C.C., F.S.C.A.I.
Praveer Jain, M.D., F.A.C.C.
George A. Persin, D.O., F.A.C.C.
Nadeem V. Ahmad, M.D., F.A.C.C.
Deborah W. Sundlöf, D.O., F.A.C.C.
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Anil Gupta, M.D., F.A.C.C., F.S.C.A.I.
Hari P. Joshi, M.D.
Karthik Sheka, M.D.
Patricia Rylko, M.D., F.A.C.C.
Kelly Pompa, C.R.N.P.
Jana Dieterich, PA-C

December 14, 2010

Wendy Rush-Spinosa, M.D.
Heritage Family Practice
2901 Hamilton Boulevard
Suite 100
Allentown, PA 18104

RE: Fonzone, Joann
DOB: 7/19/1958

Dear Dr. Rush-Spinosa:

On 12/14/10 Joann Fonzone was seen in our Bethlehem office. Miss Fonzone is a 52 year old attorney with chief complaint of palpitations. Recent 24 hour holter monitor despite many of her symptoms including palpitations and atypical chest discomfort were entirely within normal limits. She refused regular stress testing. Her chest pain is described as a pressure sensation, non-exertional and has been lasting for days. She has had multiple episodes of chest trauma including motor vehicle accidents in the distant past. She had run in with a police officer that resulted in her being hit in the chest with a stick approximately two months ago. She has a history of mitral valve prolapse as defined by Dr. Olax and Dr. Markson in the past. Her chief complaint today is significant headache which she has had for two weeks. She has h/o migraine headaches. She also had a h/o seizure disorder and did have a seizure two months ago.

Social history: former smoker and stopped one year ago.

Family history: strong family h/o myocardial infarction. Her father had MI at age 58.

Past medical/surgical history and ROS: unchanged from Dr. Jain's letter 9/10/10. She had back surgery X2, rib fractures and sternal fractures.

PHYSICAL EXAM: The patient is a well oriented x 3, 51-year-old white female in no acute distress. Blood pressure, right arm, sitting is 102/62. Heart rate is 86 and regular. The patient is 5'6" tall, 190 pounds. Respirations: 15 per minute. HEENT: No jugular venous distention at 45°. Carotids are +3 and equal, bilaterally, without bruits. There is no conjunctival pallor or petechiae. Mucosal membranes are well hydrated. Lungs are clear. Cardiac: S_1 and S_2. There is an S_4. In supine and standing position there was a mid systolic click which moved toward the first heart sound with standing position. Grade I-II systolic murmur noted as well. Abdomen is soft and nontender. No masses and no hepatosplenomegaly.

Physical exam: she appeared agitated. HR: 130 bpm. BP: 130/82 mm Hg. Afebrile. Respiration rate 16/min. HEENT: Normocephalic and atraumatic. Pupils are equal, round and react to L&A. Neck: No JVD or thyromegaly. Chest was entirely clear to auscultation and percussion. Heart: S_1 and S_2 regular. Abdomen was soft, obese. Bowel sounds present. Extremities: No cyanosis, clubbing or edema. Neuro: Non-focal.

Her 12 lead electrocardiogram shows sinus rhythm and is completely normal. Echocardiogram was done at Lehigh Valley Hospital Center which shows normal LV size and systolic function, mild mitral regurgitation.

Assessment and plan:

1. Chest pain - likely related to trauma to the chest previously. However, given her strongly positive family history, I would recommend a regular stress test for her. Due to her palpitations, she will have a 24 hour holter monitor. A TSH should also be obtained. She will then return to my office for follow visit.
2. Positive family history of premature atherosclerosis.
3. H/O trauma to the chest wall.
4. Mild mitral regurgitation.
5. S/P back surgery.
6. Social stress.
7. Penicillin/codeine allergy.

We will keep you apprised of her progress, meanwhile if you have any questions regarding this patient's care please do not hesitate to contact us at any time. Thank you very much for referring this patient to us.

Sincerely,

Praveer Jain, M.D., FACC
PJ/dm

M LVPG VASC SURG
2649 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7316

FONZONE,JO ANN C
MRN: 00194191
DOB: 7/19/1958, Sex: F
Enc. Date: 12/12/17

Scheduled Visit Time

	Provider	Department
12/12/2017 8:30 AM	Bengt L Ivarsson, MD	M Lvpg Vasc Surg

Reason for Visit

(R) UE numbness/weakness

Diagnoses

	Comments
Cervical radiculopathy - Primary	

Encounter Vitals Flowsheet Audit Trail (all recorded)

Flow Time	Flow Value	User	File Time	Action
BP				
12/12/17 0844	94/64 Comment: (R)	JF	12/12/17 0843	Current
12/12/17 0843	104/64 Comment: (L)	JF	12/12/17 0843	Current
Pulse				
12/12/17 0844	88	JF	12/12/17 0843	Current
Resp				
12/12/17 0844	16	JF	12/12/17 0843	Current
Weight				
12/12/17 0844	49 kg (108 lb)	JF	12/12/17 0843	Current
Height				
12/12/17 0844	1.676 m (5' 6")	JF	12/12/17 0843	Current

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Effective Dates	Name	Provider Type	Discipline
JF	12/07/17 -	Janet M Fischer, LPN	Licensed Nurse	--

Progress Notes

Progress Notes by Bengt L Ivarsson, MD at 12/12/2017 8:40 AM Version 1 of 1

Author: Bengt L Ivarsson, MD
Filed: 12/13/2017 6:12 PM
Editor: Bengt L Ivarsson, MD (Physician)
Service: (none)
Encounter Date: 12/12/2017
Author Type: Physician
Status: Signed

Subjective:

Jo Ann C Fonzone is a 59 y.o. female who presents today for evaluation for possible thoracic outlet syndrome. She reports right arm, neck, head, and chest trauma 7 years ago secondary to "I was a crime victim" and "being thrown against a wall", at which time she first developed intermittent right arm coolness, weakness, numbness, and "blue" discoloration. Her symptoms have progressively worsened since that time. A CT scan of the cervical spine completed 4/12/2017 revealed multiple levels of cervical radiculopathy. She then underwent cervical spine surgery (C5-C6-C7) on July 20, 2017 which improved her neck pain. She denies improvement of right arm symptoms after her cervical spine surgery. She is right handed.

She also has a history of 2 lumbar laminectomies "years ago", for L4-L5-S1 and L3-L4 herniations. Her "sciatica" symptoms improved following these procedures.

She is a former "light" smoker and quit "12 years ago." She is an attorney; however, her job is severely disrupted due to her symptoms. She takes Eliquis daily in setting atrial fibrillation.

A right upper extremity ultrasound completed 10/30/2017 at Coordinated Health shows no evidence of DVT or SVT.

M LVPG VASC SURG
2649 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7316

FONZONE,JO ANN C
MRN: 00194191
DOB: 7/19/1958, Sex: F
Enc. Date: 12/12/17

Progress Notes (continued)

Progress Notes by Bengt L Ivarsson, MD at 12/12/2017 8:40 AM (continued) Version 1 of 1

A right upper extremity arterial Duplex evaluation performed 12/11/17 revealed no evidence of significant arterial occlusive disease, and did not reveal any evidence of thoracic outlet compressive phenomena, bilaterally. This study was discussed in detail with the patient.

I have advised her that her most likely diagnosis is right brachial plexopathy +/- right cervical radiculopathy.

Review of Systems
Constitutional: Negative for chills and fever.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, nausea and vomiting.
Musculoskeletal: Positive for joint pain, muscle weakness and muscle aches.
Skin: Negative for open sores.
Neurological: Negative for confusion.
Mental Health: Negative for behavioral problems and agitation.

Medical / Surgical / Family / Social History

The following portions of the patient's history were reviewed and updated as appropriate.

Past Medical History:

Diagnosis	Date
• Anxiety	10/06/10
• Atrial fibrillation (HCC)	10/06/10
• Cervical radiculopathy	10/06/10
• Concussion	10/06/10
• Paroxysmal atrial fibrillation (HCC)	7/16/2013
• PBA (pseudobulbar affect)	10/06/10
• Pericardial effusion	03/18/13
• PTSD (post-traumatic stress disorder)	10/06/10
• Shoulder pain, right	10/06/10
• Subdural hematoma (HCC)	08/03/1993
• Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	03/03/13
• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		12/15/85
• CERVICAL DISCECTOMY		07/2017
• LAMINECTOMY		12/15/91

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• Heart disease	Father	
• Heart attack	Father	
• Diabetes	Father	
• No Known Problems	Brother	

M LVPG VASC SURG
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FONZONE,JO ANN C
MRN: 00194191
DOB: 7/19/1958, Sex: F
Enc. Date: 12/12/17

Progress Notes (continued)

Progress Notes by Bengt L Ivarsson, MD at 12/12/2017 8:40 AM (continued) Version 1 of 1

Social History

Substance Use Topics

• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	2/1/2006
• Smokeless tobacco:	Never Used
Comment: very light smoker	
• Alcohol use	Yes (rarely)
Comment: on occ	

Medications:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• apixaban (ELIQUIS) 5 mg tab	Take 5 mg by mouth 2 (two) times a day.		
• digoxin (LANOXIN) 125 mcg tablet	Take 1 tablet (0.125 mg total) by mouth daily.	90 tablet	3
• gabapentin (NEURONTIN) 300 MG capsule	Take 1 capsule (300 mg total) by mouth 3 (three) times a day. (Patient taking differently: Take 300 mg by mouth nightly.)	90 capsule	3
• ibuprofen (ADVIL,MOTRIN) 200 MG tablet	Take 200 mg by mouth as needed.		
• multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap	Take 1 tablet by mouth daily.		
• propafenone (RYTHMOL SR) 325 MG 12 hr capsule	Take 1 capsule (325 mg total) by mouth 2 (two) times a day.	60 capsule	5
• PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL)	Take 2 tablets by mouth daily.		

No current facility-administered medications for this visit.

Objective:

BP 94/64 Comment: (R) | Pulse 88 | Resp 16 | Ht 1.676 m (5' 6") | Wt 49 kg (108 lb) | BMI 17.43 kg/m2

Physical Exam

Constitutional: She is oriented to person, place, and time.

HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

Eyes: EOM are normal. Pupils are equal, round, and reactive to light.

Neck: No JVD present. No thyromegaly present.

M LVPG VASC SURG
2649 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7316

FONZONE,JO ANN C
MRN: 00194191
DOB: 7/19/1958, Sex: F
Enc. Date: 12/12/17

Progress Notes (continued)

Progress Notes by Bengt L Ivarsson, MD at 12/12/2017 8:40 AM (continued) Version 1 of 1

Cardiovascular: Normal rate and regular rhythm.
Pulses:
Radial pulses are 2+ on the right side, and 2+ on the left side.
Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.
Pulmonary/Chest: Effort normal and breath sounds normal.
Abdominal: Soft. She exhibits no distension. There is no tenderness.
Musculoskeletal: Normal range of motion.
Lymphadenopathy:
She has no cervical adenopathy.
Neurological: She is alert and oriented to person, place, and time. A sensory deficit **(There is slight decreased right hand sensation to light touch, present at rest.)** is present. No cranial nerve deficit.
Skin: Skin is warm and dry. No rash noted. No erythema.
Psychiatric: She has a normal mood and affect. Her behavior is normal.

When posturing both arms in externally rotated and abducted position, she developed immediate onset right shoulder/triceps pain (exacerbation of resting discomfort). No pallor or change in coloration of the hands in this posture was noted, bilaterally. I did not find a position in which she lost the radial pulse, bilat. This in-office testing is not supportive of TOS.

Assessment/Plan:

1. **Right cervical radiculopathy and/or right brachial plexopathy**
2. **Multilevel cervical spine DJD**
3. **Work-up/hx not supportive of TOS**
4. **Hx trauma "7 years ago" contemporaneous with symptom onset**

Follow-up prn with Dr. Ivarsson
Activity as per orthopedic surgery

Attestations:

Scribe Attestation: By signing my name below, I, Taylor Iobst, attest that this documentation has been prepared under the direction and in the presence of Bengt L Ivarsson, MD.
Electronically signed: Taylor Iobst (Scribe). 12/12/2017. 9:14 AM.

Physician Attestation: I, Bengt L Ivarsson, MD, personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete. Bengt L Ivarsson, MD. 12/13/2017. 5:57 PM.

Electronically signed by Bengt L Ivarsson, MD at 12/13/2017 6:12 PM

Orders

No orders found

M LVPG VASC SURG
2649 SCHOENERSVILLE RD
BETHLEHEM PA 18017-7316

FONZONE,JO ANN C
MRN: 00194191
DOB: 7/19/1958, Sex: F
Enc. Date: 12/12/17

Medications Reviewed This Visit

Reviewed by Janet M Fischer, LPN (Licensed Nurse) on 12/12/17 at 0845

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
apixaban (ELIQUIS) 5 mg tab	1020219717	Yes	Take 5 mg by mouth 2 (two) times a day.	Historical Provider, MD	Taking	Active
digoxin (LANOXIN) 125 mcg tablet	1056387139	Yes	Take 1 tablet (0.125 mg total) by mouth daily.	[redacted] Sean Panda, MD	Taking	Active
gabapentin (NEURONTIN) 300 MG capsule	1104918113	Yes	Take 1 capsule (300 mg total) by mouth 3 (three) times a day. Patient taking differently: Take 300 mg by mouth nightly.	[redacted] Brian Goldberg, MD	Taking	Active
ibuprofen (ADVIL,MOTRIN) 200 MG tablet	1020219712	Yes	Take 200 mg by mouth as needed.	Historical Provider, MD	Taking	Active
multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap	1020219719	Yes	Take 1 tablet by mouth daily.	Historical Provider, MD	Taking	Active
propafenone (RYTHMOL SR) 325 MG 12 hr capsule	1056387150	Yes	Take 1 capsule (325 mg total) by mouth 2 (two) times a day.	[redacted] Sean Panda, MD	Taking	Active
PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL)	1037332414	Yes	Take 2 tablets by mouth daily.	Historical Provider, MD	Taking	Active

Medical History

Diagnosis	Date	Comment
Anxiety		
Atrial fibrillation (HCC)	10/06/16	
Cervical radiculopathy		
Concussion	10/06/10	
Paroxysmal atrial fibrillation (HCC)	7/16/2013	
PBA (pseudobulbar affect)	10/01/10	
Pericardial effusion	3/15/13	
PTSD (post-traumatic stress disorder)	10/06/10	
Shoulder pain, right	10/06/16	
Subdural hematoma (HCC)	08/22/1993	
Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	03/03/14	
TOS (thoracic outlet syndrome)		

Surgical History

Procedure	Laterality	Date	Comment
BACK SURGERY		1985	
CERVICAL DISCECTOMY		07/2017	
LAMINECTOMY		1991	

Family Medical History as of 12/12/2017

Problem	Relation	Age of Onset	Comments
Diabetes	Father		
Heart attack	Father		
Heart disease	Father		

No known problems for Brother, Mother.

Social Documentation

No social documentation on file.

Activities of Daily Living as of 12/12/2017

Seat Belt	Yes
Exercise	No
Blood Transfusions	No
Special Diet	No

Occupational as of 12/12/2017 [redacted] Lawyer (disabled by injuries 10/06/10)

Socioeconomic as of 12/12/2017

Marital Status	Spouse Name	Num of Children	Years Education	Source
Legally Separated since 1993	Gary WOODS	0	Juris Doctorate 1986	Provider

Jo Ann C Fonzone
12/12/2017 8:30 AM Office Visit
MRN: 00194191

Provider: **Bengt L Ivarsson, MD**
Department: **LVPG Vascular Surgery - Muhlenberg**
Dept Phone: **610-402-9400**

Your Full Care Plan

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
7/19/1958	Female	White or Caucasian	Not Hispanic or Latino	English	English

Follow-up Instructions

Return if symptoms worsen or fail to improve.

Patient Instructions

Thank you for visiting LVPG Vascular Surgery.
Please do not hesitate to call our office with any questions or concerns.

Follow-up prn with Dr. Ivarsson
Activity as per orthopedic surgery

Reason for Visit

(R) UE numbness/weakness
Reason for Visit History

Diagnoses this Visit

	Comments
Cervical nerve root disorder - Primary	

Vital Signs

Blood Pressure	Pulse	Respirations	Height	Weight	Body Mass Index
94/64	88	16	1.676 m (5' 6")	49 kg (108 lb)	17.43 kg/m2

Smoking Status
Former Smoker

Your Updated Medication List

apixaban (ELIQUIS) 5 mg tab (Taking)	Take 5 mg by mouth 2 (two) times a day.
digoxin (LANOXIN) 125 mcg tablet (Taking)	Take 1 tablet (0.125 mg total) by mouth daily.
gabapentin (NEURONTIN) 300 MG capsule (Taking)	Take 1 capsule (300 mg total) by mouth 3 (three) times a day.
ibuprofen (ADVIL,MOTRIN) 200 MG tablet (Taking)	Take 200 mg by mouth as needed.
multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap (Taking)	Take 1 tablet by mouth daily.
propafenone (RYTHMOL SR) 325 MG 12 hr capsule (Taking)	Take 1 capsule (325 mg total) by mouth 2 (two) times a day.
PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL) (Taking)	Take 2 tablets by mouth daily.

Allergies

Codeine	Other (See Comments), Nausea and/or vomiting
Penicillin	

Allergies (continued)

Penicillins	Other (See Comments), Rash

Sign Up for MyLVHN

MyLVHN allows you to send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more. To sign up, go to http://mylvhn.org and click the Create Account button.

Enter your MyLVHN Activation Code exactly as it appears below along with the last four digits of your Social Security Number and your Date of Birth to complete the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyLVHN Activation Code: Activation code not generated
Current MyLVHN Status: Patient Declined

If you have questions, call 1-844-4MY-LVHN (1-844-469-5846) to talk to our MyLVHN staff. Remember, MyLVHN is NOT to be used for urgent needs. For medical emergencies, dial **911**.

It is the policy of the Lehigh Valley Health Network, its wholly owned subsidiaries and healthcare providers to not discriminate on the basis of race, color, national origin, sex, age, gender identity or disability.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-402-8000.
- 1-610-402-8000 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم.
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-402-8000.
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-402-8000.

Fonzone, Jo Ann C

MRN: 00194191

Office Visit 3/4/2019
LVPG Neurology - 1250 Cedar Crest

Provider: Susan K Newhart, CRNP (Neurology)
Primary diagnosis: Cervicogenic migraine
Reason for Visit: Injections; Referred by Richard Oravec, MD

Progress Notes

Susan K Newhart, CRNP (Nurse Practitioner) • Neurology

Subjective:

I had the pleasure of seeing Jo Ann C Fonzone for repeat trigger point and auriculotemporal injections. I last saw her 01/16/2019.
Injections afford her 3 weeks of relief. She had a bad migraine Monday where she is vomiting. Migraine abortive with Compazine + triptan. She feels the combination is more effective than triptan.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Atrial fibrillation (HCC)	
• Cervical radiculopathy	
• Concussion	
• Paroxysmal atrial fibrillation (HCC)	7/16/2013
• PBA (pseudobulbar affect)	
• Pericardial effusion	
• PTSD (post-traumatic stress disorder)	
• Shoulder pain, right	
• Subdural hematoma (HCC)	
• Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	
• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• CERVICAL DISCECTOMY		07/2017
• LAMINECTOMY		

Social History

Social History
• Marital status: Legally Separated since 1993.
Spouse name: [redacted] Cary Woods

• Number of children:	N/A
• Years of education:	N/A

Occupational History
• Not on file.

Social History Main Topics

• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	2/1/2006
• Smokeless tobacco:	Never Used
• Alcohol use	Yes
Comment: on occ	
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Seat Belt	Yes
• Exercise	No
• Blood Transfusions	No
• Special Diet	No

Social History Narrative
• No narrative on file

Review of Systems

Objective:
BP 116/68 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Adult) | Pulse 74 | Ht 1.676 m (5' 6") | Wt 49.4 kg (109 lb) | BMI 17.59 kg/m²
Neurologic Exam

Mental Status
Attention: normal. Concentration: normal.
Speech: speech is normal
Level of consciousness: alert

Cranial Nerves

CN III, IV, VI
Extraocular motions are normal.

CN VII
Facial expression full, symmetric.

CN VIII
CN VIII normal.

Gait, Coordination, and Reflexes

Gait
Gait: normal

Physical Exam
Constitutional: She appears well-developed and well-nourished.
HENT:
Head: Normocephalic and atraumatic.
Eyes: EOM are normal.
Neck: Normal range of motion. Neck supple.
Pulmonary/Chest: Effort normal.
Neurological: Gait normal.
Skin: Skin is warm and dry.
Psychiatric: She has a normal mood and affect. Her speech is normal.
Nursing note and vitals reviewed.

Lab Results

Component	Value	Date
WBC	6.2	02/11/2016
HGB	13.2	02/11/2016
HCT	40.0	02/11/2016
MCV	97	02/11/2016
PLT	352 (H)	02/11/2016

Lab Results

Component	Value	Date
GLUCOSE	81	03/07/2017
BUN	12	03/07/2017
CREATININE	0.76	03/07/2017
CALCIUM	9.1	03/07/2017
NA	141	03/07/2017
K	4.3	03/07/2017
CO2	29	03/07/2017
CL	104	03/07/2017
ALKPHOS	69	02/11/2016
ALBUMIN	4.4	02/11/2016
BILITOT	0.4	02/11/2016
PROT	7.6	02/11/2016
AST	19	02/11/2016
ALT	26	02/11/2016
ANIONGAP	8	03/07/2017
GFRC	87	03/07/2017

Lab Results

Component	Value	Date
CHOL	172	09/06/2013
HDL	75	09/06/2013
LDLCALC	85	09/06/2013
TRIG	62	09/06/2013

Lab Results

Component	Value	Date
TSH	3.18	09/06/2013

No results found for: VITAMINB12
No results found for: VTD

Results for orders placed during the hospital encounter of 07/01/16
MRI ABDOMEN WWO CONTRAST 07/02/2016 Status: Normal 9:38 AM

Impression *Impression:*

1. 10 x 10 mm lesion in the posterior segment right hepatic lobe is most consistent with hemangioma. Other etiologies are felt to be unlikely.

Results for orders placed in visit on 03/17/17
CT CHEST W CONTRAST Status: Normal 12:38 PM

Impression *IMPRESSION: Ectasia of the supravalvular ascending thoracic aorta measuring 3.9 cm. Normal diameter at the level of the right main pulmonary artery measuring 3.5 cm.*
Follow -up recommended.
Indeterminate hypodense liver lesions. Liver MRI recommended for further characterization.

PROCEDURE NOTE: REGIONAL ANESTHETIC PERIPHERAL NERVE BLOCK

BLOCK		LEFT		RIGHT		LOCATION
GON						Blocked at the occipital supranuclear notch
LON						Blocked at the occipital supranuclear notch
ATN		x		x		Blocked at the superior posterior zygoma just anterior the ear on the orbital meatal line
SO						

ST						
IO						
SPG						Glassman procedure using the supra-zygomatic approach.
						TX 360 trans nasal
MUSCLE						
PARASPINAL		x		x		
SPLENIUS						
TRAP		x		x		

GON = GREATER OCCIPITAL NERVE
LON = LESSER OCCIPITAL NERVE
AT= AURICULOTEMPORAL NERVE
SO= SUPRAORBITAL NERVE
ST= SUPRATROCHLEAR NERVE
IO= INFRAORBITAL NERVE
SPG= SPHENOPALATINE GANGLION
PARASPINAL= CERVICAL PARASPINOUS MUSCLES
SPLENIUS = SPLENIUS CAPITUS MUSCLE
TRAP= TRAPEZIUS

0.5% Ropivacaine is used for all blocks , 1.0 CC per AT nerve, using a 30 g needle

PROCEDURE NOTE: MUSCLE TRIGGER POINT INJECTIONS:
Muscle spasm skull base insertion trigger point injections were given to the trapezius, paraspinus muscles on the RIGHT and LEFT. 0.5% ropivacaine was used , 1 cc per injection site. A total of 4 muscles injected using a 30 gauge 1/2 inch needle.

The patient tolerated the procedure well without undue discomfort or side effect from the injections.The patient was markedly better by the time of her discharge from the office.

Assessment/Plan:

Problem List

Other
Cervicogenic headache
Current Assessment & Plan
She was given injections -bilateral AT, splenius, paracervical and trapezius muscles.
Continue PT, ice/heat, tylenol only for pain.

Relevant Medications
ropivacaine (PF) (NAROPIN) injection 8 mL (Completed)

Other Visit Diagnoses
Cervicogenic migraine - Primary

Relevant Medications
SUMAtriptan (IMITREX) 25 MG tablet
ropivacaine (PF) (NAROPIN) injection 6 mL (Completed)

Other Notes

Progress Notes from User Epic

Instructions

Return in about 1 month (around 4/4/2019) for CRNP, PA.

1. You can apply ice to injections sites as needed
2. Continue sumatriptan as needed
3. Follow up in one month for repeat inejctions

After Visit Summary (Printed 3/4/2019)

Additional Documentation

Vitals:	BP 116/68 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Adult) Pulse 74 Ht 1.676 m (5' 6") Wt 49.4 kg (109 lb) BMI 17.59 kg/m² BSA 1.52 m² More Vitals
Flowsheets:	Custom Formula Data
Encounter Info:	Billing Info, History, Allergies, Detailed Report

Media

Scan on 3/8/2019 9:32 AM by Donna M Fox : CCNE - Procedure Consent Form
Scan on 3/8/2019 9:33 AM by Donna M Fox : CCNE - Financial waiver

Orders Placed

None

Medication Changes

As of 3/4/2019 12:51 PM

	Refills	Start Date	End Date
Added: ropivacaine (PF) (NAROPIN) injection 6 mL 6 mL by infiltration route one time. - infiltration		3/4/2019	3/4/2019
Changed: SUMAtriptan (IMITREX) 25 MG tablet May repeat in 2 hours if unresolved. Do not exceed 200 mg in 24 hours. Previously: TAKE 1 TABLET BY MOUTH AS NEEDED FOR MIGRAINE HEADACHE, MAY REPEAT AFTER 2 HOURS. NOT TO EXCEED 8 TABLETS A DAY	4	3/4/2019	

Medications Administered

ropivacaine HCl/PF 6 mL

Visit Diagnoses

Cervicogenic migraine G43.809
Cervicogenic headache R51

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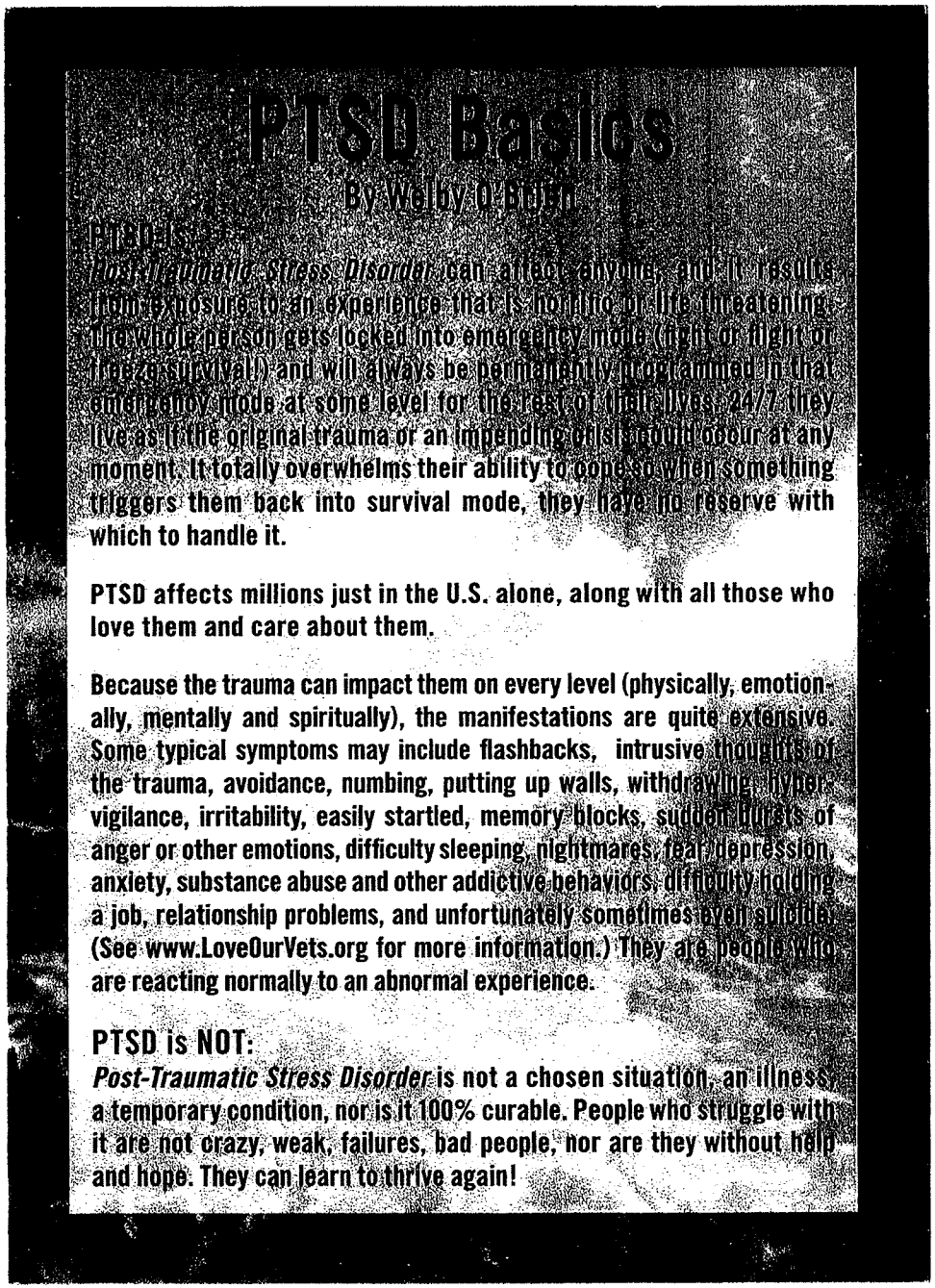

PTSD Basics

By Welby O'Brien

PTSD is:

Post-Traumatic Stress Disorder can affect anyone, and it results from exposure to an experience that is horrific or life threatening. The whole person gets locked into emergency mode (fight or flight or freeze survival!) and will always be permanently programmed in that emergency mode at some level for the rest of that lives. 24/7 they live as if the original trauma or an impending crisis could occur at any moment. It totally overwhelms their ability to cope so when something triggers them back into survival mode, they have no reserve with which to handle it.

PTSD affects millions just in the U.S. alone, along with all those who love them and care about them.

Because the trauma can impact them on every level (physically, emotionally, mentally and spiritually), the manifestations are quite extensive. Some typical symptoms may include flashbacks, intrusive thoughts of the trauma, avoidance, numbing, putting up walls, withdrawing, hypervigilance, irritability, easily startled, memory blocks, sudden bursts of anger or other emotions, difficulty sleeping, nightmares, fear, depression, anxiety, substance abuse and other addictive behaviors, difficulty holding a job, relationship problems, and unfortunately sometimes even suicide. (See www.LoveOurVets.org for more information.) They are people who are reacting normally to an abnormal experience.

PTSD is NOT:

Post-Traumatic Stress Disorder is not a chosen situation, an illness, a temporary condition, nor is it 100% curable. People who struggle with it are not crazy, weak, failures, bad people, nor are they without help and hope. They can learn to thrive again!

Fonzone, Jo Ann C

MRN: 00194191

Brian D Philips, CRNP
Nurse Practitioner
Specialty: Orthopedics

Progress Notes
Signed

Encounter Date: 10/14/2020

This is an established patient to interventional pain management for follow up visit. All prior notes, labs and studies reviewed. All treatment history reviewed and discussed with patient.

Subjective:

Patient ID: Jo Ann C Fonzone is a 62 y.o. female.
Presents today with persistent, aching and sharp, right cervical and shoulder pain. Pain is stable. Pain is located in the axial right cervical area with referral of pain right shoulder. Patient reports no prior problems with this area in the past, previous neck problems DDD; facet arthritis Present pain on a scale of 1 to 10 is a 8. Relieving factors include rest, heat, ice, medication: Narcotics, NSAID used and beneficial. Aggravating factors include cervical and shoulder ROM. The patient reports limitations in the ability to perform routine daily activities.. Reports sleep pattern is OK. Pain is controlled with current analgesics. Medications being used Nucynta and Mobic.. Patient has failed conservative management for greater than 6 weeks. Prior pain control modalities include exercises.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Atrial fibrillation (HCC)	
• Cervical radiculopathy	
• Concussion	
• Low back pain	
• Paroxysmal atrial fibrillation (HCC)	7/16/2013
• PBA (pseudobulbar affect)	
• Pericardial effusion	
• PTSD (post-traumatic stress disorder)	
• Shoulder pain, right	
• Subdural hematoma (HCC)	
• Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	
• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• BACK SURGERY *Hemilaminectomy*		
• CERVICAL DISCECTOMY		07/2017
• CERVICAL DISCECTOMY *Ant Spinal Diskectomy, osteophytectomy Addl Cervical interspace*		
• LAMINECTOMY		
• LUMBAR LAMINECTOMY		

Tenderness to palpation para cervical spine right intensified with ROM, especially with extension without distal radicular symptoms.

Ortho Exam

Vitals:

	10/14/20 1408
BP:	122/80
Pulse:	72
Resp:	16
SpO2:	99%

Assessment/Plan:

The patient was counseled regarding diagnosis, prognosis, the risks and benefits of treatment options, and the importance of compliance with the treatment plan.

- Continue current medications as ordered Nucynta, Mobic and Klonopin
Checked the PA PDMP; no red flags identified; safe to proceed with prescriptions.

Continue HEP Chin Tuck, Cervical Flexion/Extension, Cervical Rotation, Upper Trap Stretch, Levator Scapula Stretch. Pt has been performing from 1/1/20 to present.

Opioid Risk Score
Total Sum = (P) 0 (10/14/20 1411)
Risk Category = (P) Low Risk (10/14/20 1411)

Random UDS not warranted at this time.

Patient suffers from significant intractable pain related to

Problem List Items Addressed This Visit

Nervous and Auditory
Cervical radiculopathy

Musculoskeletal
Herniation of cervical intervertebral disc with radiculopathy
Facet arthritis of cervical region
DDD (degenerative disc disease), cervical

Other
Cervicogenic headache
Chronic pain syndrome - Primary
Chronic neck pain

therefore these medications are medically indicated to promote independent daily functioning, improve quality of life, and reduce suffering. Medications are managed via regular follow-up appointments, random urine drug testing, and an informed opioid agreement. The patient has been counseled on the risks of taking opioids including altered mental status, overdose, physical dependence, and addiction. Patient using benzodiazepines concurrent with narcotics without any clinical sequelae. A plan to

Fonzone, Jo Ann C

MRN: 00194191

Brian D Philips, CRNP
Nurse Practitioner
Specialty: Orthopedics

Progress Notes
Signed

Encounter Date: 12/8/2020

I have used the Epic copy/forward function to compose this note. I have reviewed my current note to ensure it reflects the current patient status, exam, assessment and plan.

This is an established patient to interventional pain management for follow up visit. All prior notes, labs and studies reviewed. All treatment history reviewed and discussed with patient.

Subjective:

Patient ID: Jo Ann C Fonzone is a 62 y.o. female.
Presents today with persistent, aching and sharp, right cervical and shoulder pain. Pain is stable. Pain is located in the axial right cervical area with referral of pain right shoulder. Patient reports no prior problems with this area in the past, previous neck problems DDD; facet arthritis Present pain on a scale of 1 to 10 is a 5. Relieving factors include rest, heat, ice, medication: Narcotics, NSAID used and beneficial. Aggravating factors include cervical and shoulder ROM. The patient reports limitations in the ability to perform routine daily activities.. Reports sleep pattern is OK. Pain is controlled with current analgesics. Medications being used Nucynta and Mobic.. Patient has failed conservative management for greater than 6 weeks. Prior pain control modalities include exercises.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Atrial fibrillation (HCC)	
• Cervical radiculopathy	
• Concussion	
• Headache	10/04/10
• Low back pain	
• Paroxysmal atrial fibrillation (HCC)	
• PBA (pseudobulbar affect)	
• Pericardial effusion	
• PTSD (post-traumatic stress disorder)	
• Shoulder pain, right	
• Subdural hematoma (HCC)	
• Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	
• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• BACK SURGERY *Hemilaminectomy*		07/2017
• CERVICAL DISCECTOMY		
• CERVICAL DISCECTOMY *Ant Spinal Diskectomy, osteophytectomy Addl Cervical interspace*		

Fonzone, Jo Ann C

MRN: 00194191

Brian D Philips, CRNP
Nurse Practitioner
Specialty: Orthopedics

Progress Notes
Signed

Encounter Date: 10/14/2020

This is an established patient to interventional pain management for follow up visit. All prior notes, labs and studies reviewed. All treatment history reviewed and discussed with patient.

Subjective:

Patient ID: Jo Ann C Fonzone is a 62 y.o. female.
Presents today with persistent, aching and sharp, right cervical and shoulder pain. Pain is stable. Pain is located in the axial right cervical area with referral of pain right shoulder. Patient reports no prior problems with this area in the past, previous neck problems DDD; facet arthritis Present pain on a scale of 1 to 10 is a 8. Relieving factors include rest, heat, ice, medication: Narcotics, NSAID used and beneficial. Aggravating factors include cervical and shoulder ROM. The patient reports limitations in the ability to perform routine daily activities.. Reports sleep pattern is OK. Pain is controlled with current analgesics. Medications being used Nucynta and Mobic.. Patient has failed conservative management for greater than 6 weeks. Prior pain control modalities include exercises.

Past Medical History:

Diagnosis	Date
• Anxiety	
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• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• BACK SURGERY *Hemilaminectomy*		07/2017
• CERVICAL DISCECTOMY		
• CERVICAL DISCECTOMY *Ant Spinal Diskectomy, osteophytectomy Addl Cervical interspace*		
• LAMINECTOMY		
• LUMBAR LAMINECTOMY		

Occupational History	
• Occupation:	lawyer
Social Needs	
• Financial resource strain:	Not on file
• Food insecurity	
Worry:	Not on file
Inability:	Not on file
• Transportation needs	
Medical:	Not on file
Non-medical:	Not on file
Tobacco Use	
• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	2/1/2006
Years since quitting:	14.8
• Smokeless tobacco:	Never Used
Substance and Sexual Activity	
• Alcohol use:	Yes
Comment: rarely	
• Drug use:	No
• Sexual activity:	Not on file
Lifestyle	
• Physical activity	
Days per week:	Not on file
Minutes per session:	Not on file
• Stress:	Not on file
Relationships	
• Social connections	
Talks on phone:	Not on file
Gets together:	Not on file
Attends religious service:	Not on file
Active member of club or organization:	Not on file
Attends meetings of clubs or organizations:	Not on file
Relationship status:	Not on file
• Intimate partner violence	
Fear of current or ex partner:	Not on file
Emotionally abused:	Not on file
Physically abused:	Not on file
Forced sexual activity:	Not on file
Other Topics	Concern
• Seat Belt	Not Asked
• Bike Helmet	Not Asked
• Blood Transfusions	Not Asked
• Special Diet	Not Asked
• Exercise	Not Asked
• Military Service	Not Asked
• Sleep Concern	Not Asked
• Stress Concern	Not Asked
• Weight Concern	Not Asked
• Breast Self-Exams	Not Asked

HIGHMARK WHOLECARE

April 22, 2022 8:28 AM

Jo Ann Fonzone
631 PRIMROSE LN
ALLENTOWN PA 18104

RE:	**Jo Ann Fonzone**
ID #:	**2401303901**
Date of Birth:	**07/19/1958**

Dear **Jo Ann Fonzone**:

Highmark Wholecare has approved a request for a(n) **Cervical/Thoracic Facet Joint Block (Neck/Upper Back Injection (Shot))** submitted by **Dr. Jason Erickson** because Highmark Wholecare has approved a request for finds the service to be medically necessary based on current information submitted for the request.

Setting: Outpatient

You may have already received the service, or you may have already received information regarding the date you are scheduled to receive this service. If you have questions regarding this approved service by Highmark Wholecare, please contact Highmark Wholecare's Member Services Department at 1-800-392-1147.

22242

Sincerely,

Highmark Wholecare Utilization Management
Treating Practitioner

cc: Dr. Jason Erickson
ST LUKES HOSPITAL ALLENTOWN

St Luke's
Spine & Pain Associates

501 Cetronia Road, Suite 125
Allentown, PA 18104

830 Ostrum Street
Bethlehem, PA 18015

360 West Ruddle Street
Coaldale, PA 18218

3 Parkinsons Road
East Stroudsburg, PA 18301

1700 St. Luke's Boulevard, Suite 200
Easton, PA 18045

211 North 12th Street
Lehighton, PA 18235

755 Memorial Parkway, Suite 201
Phillipsburg, NJ 08865

1534 Park Avenue, Suite 320
Quakertown, PA 18951

Phone: (484) 526-7246

FLUOROSCOPY (X-RAY) INSTRUCTIONS

Patient Name: Quinn Jacque (7/19/58).
Procedure #1: Right L2-4 medial branch block #1
Date of Procedure: 4/26/2022 Registration Time: Arrive at 2:50pm
Procedure #2: _____
Date of Procedure: _____ Registration Time: _____

- Do not eat or drink **ONE HOUR** prior to your procedure. If you are **diabetic,** may follow regular breakfast/lunch schedule and take usual diabetic medications.
- If you are having a **lumbar (low back)** procedure, please wear comfortable slacks such as sweatpants (no zippers, snaps or belt buckles).
- If you are having a **cervical (neck)** procedure, please wear a shirt/blouse that is easy to remove. Do not wear necklaces or earrings.
- A driver is **required** to take you home for your procedure. Lyft, Uber and Taxi are acceptable.

MED HOLDS FOR PROCEDURES

LUMBAR ESI **CAUDAL ESI**	NEED TO HOLD PRESCRIPTION BLOOD THINNERS, 325MG ASPIRIN **81MG ASPIRIN OK NSAIDS OK**
CERVICAL ESI **THORACIC ESI (NOT TFESI)**	NEED TO HOLD ALL BLOOD THINNERS, ASPIRIN (325MG AND 81MG), NSAIDS

TFESI **(TRANSFORAMINAL)**	NEED TO HOLD ONLY PRESCRIPTION BLOOD THINNERS (COUMADIN, XARELTO, PLAVIX ETC.), NSAIDS OK, ASPIRIN OK (EVEN IF PRESCRIBED BY DR)

MEDIAL BRANCH BLOCK **RADIOFREQUENCY ABLATION** **JOINT INJECTION**	NO HOLDS FOR MBB: NO PRN PAIN MEDS 6HRS PRIOR AND 6-8 HRS AFTER PROC

- Continue all other prescribed medications the day of your procedure, including blood pressure medications.
- If you are prescribed **antibiotics,** have an **active infection** (such as upper respiratory infection, urinary tract infection, tooth infection, etc.) or have an **open wound,** please contact our office at 484-526-7246.
- Please refrain from any vaccinations (flu, pneumonia, shingles, etc.) two weeks before and two weeks after injection.
- Insurance authorization received is not a guarantee of payment per your insurance company's authorization disclaimer and it is your responsibility to verify your benefits.
- If you have any questions about the instructions, please call us at **484-526-7246.**

484-426-2579

Patient Signature _____ Date 4/15/22 Schedulers Initials CFOX

White – Patient Copy
Canary – Chart Copy

St Luke's
Spine & Pain Associates

Diagnostic Medial Branch Block Procedure

Pre-Procedure Guide/Instructions

- The medial branch block procedure is a **DIAGNOSTIC TEST** to help identify the exact cause of your pain. You **MAY** receive relief for 12-24 hours.
- You **MUST** have a driver for the procedure
- Your pain level should be a level 5 out of 10 or greater. If you are **NOT** having any pain or your pain is minimal on the day of our medial branch block, **PLEASE CALL OUR OFFICE** (484-526-7246) to discuss. ***We may need to cancel your procedure, as it is unlikely to provide the reliable diagnostic information we are testing for.***
- You may continue any of your long acting pain medication (s) as prescribed. If you are unsure of the type of medication you are taking, please call our office and we will be happy to review your medication list with you.
- Please **DO NOT TAKE** any **AS NEEDED (PRN)** pain medications, including prescribed or over the counter medications 6 hours prior to your procedure and at least 6-8 hours after your procedure.
- After the procedure, it is recommended that you try to continue with your normal activities of daily living to see if the medial branch block is providing relief.
- It is **IMPORTANT** that you accurately complete the **Medial Branch Block Pain Diary** and get it back to our office for review. This will allow us to assess the next best step in your treatment plan.

By signing below, I am confirming that this pre-procedure guide/instruction sheet has been reviewed with me and that I understand the instructions.

Patient Name: JoAnn Fonzone DOB: 7-1958

Patient Signature: [signature] Date: 7-1958

SL Spine & Pain Staff Signature: [signature]

484-526-7246 phone 866-291-6192 fax
1534 Park Ave, Suite 310 Quakertown PA 18951
830 Ostrum St, Bethlehem PA 18015
3 Parkinsons Rd, East Stroudsburg PA 18301
143 N. Railroad Street, Tamaqua PA 18252
1700 St. Luke's Blvd, Suite 200 Easton PA 18045
501 Cetronia Rd, Suite 125 Allentown PA 18104
755 Memorial Parkway, Suite 201 Phillipsburg NJ 08865
575 South 9th Street, Lehighton PA 18235

St. Luke's Spine & Pain Associates

Doctor: Jason M. Erickson, D.O.

FONZONE, JOANN "Jo Ann"
DOB:7/19/1958 (63 yrs) F
MRN:62239039 CSN:1107495177
Adm Date: 4/26/2022
ATT PHY:

Pain Diary: Diagnostic Facet Medial/Lateral Branch Block / Joint Injection

Please complete this form on the day of the procedure and mail, fax, or drop it off at the location of your procedure. **Pain relief level should be recorded while doing usual activities.**

Procedure: Diagnostic Facet Medial/Lateral Branch Block/Joint Injection

Procedure Performed: (R) C2-4 MBB #1

Anesthetic: 1%, (2%) Lidocaine 0.25%, 0.5%, .75% Bupivacaine

Please put a check mark (√) in the box that most accurately describes the degree of your pain RELIEF at each designated time.

PLEASE FOCUS ON PAIN RELIEF AT THE LEVEL BEING TREATED ONLY.

Date: 4/26/2022. **Pain score prior to procedure:** 9 /10

Degree of pain **RELIEF** after injection	**100-80%** "Provided relief"		**Less than 80%** "Not helpful"	
	Left	**Right**	**Left**	**Right**
Immediately After: 305		√		
15 min: 320		√		
30 min: 335		√		
1 hr: 405		√		
2 hr: 505				√
3 hr: 605		√		
4 hr: 705		√		
6 hr: 905		√		
8 hr: 1105		√		
10 hr: 105 Am				
12 hr: 305 Am				
Next Morning				

Quakertown Office: 1534 Park Ave, Quakertown, PA. 18951
Anderson Office: 1700 Riverside Circle, Suite 200, Easton, PA, 18301
Bethlehem Office: 830 Ostrum Street, Bethlehem, PA. 18015
Allentown Office: 501 Cetronia Rd. Suite 125, Allentown, PA, 18104
East Stroudsburg Office: 3 Parkinson's Rd, east Stroudsburg, PA 18301
Warren Office: 755 Memorial Parkway, Suite 200 Phillipsburg, NJ, 08865
Tamaqua: 120 Pine St, Tamaqua, PA 18252
Orwigsburg: 1165 Centre Turnpike, Route 61 Orwigsburg, PA 17961

Fax 484-426-2464

AFTER VISIT SUMMARY

Jo Ann C. Fonzone LVH-CH 1503 N Cedar Crest Operating Room 610-871-9110

Instruction

Have Questions?

If you do not continue to improve or if your condition worsens, please call your health care provider, call 911 or go to your nearest Emergency Department.

If you have any questions or concerns after your visit, please contact your health care provider.

No changes were made to your medications.

What's Next

OCT 13	**RIGHT FACET JOINT INJECTIONS C3/4 4/5 5/6 WITH SEDATION with Kenneth J Choquette, DO** Wednesday Oct 13, 2021	CHA OR
NOV 8	**Return Patient Visit with Kenneth J Choquette, DO** Monday Nov 8, 2021 9:15 AM -Arrive 15 minutes early for your appointment. -Bring your insurance card with you. -Bring a list of all of your current medications.	LVH-CH 1621 N Cedar Crest Physiatry Clinic 1621 N Cedar Crest Blvd Allentown PA 18104-2312 610-861-8080
DEC 13	**Return Patient Visit with Prasant Pandey, MD** Monday Dec 13, 2021 1:00 PM -Arrive 15 minutes early for your appointment. -Bring your insurance card with you. -Bring a list of all of your current medications.	LVH-CH 1503 N Cedar Crest Cardio Clinic 1503 N Cedar Crest Blvd Allentown PA 18104-2310 610-849-0692

Your Next Steps

Read

☐ Read these attachments
- Facet Joint Block Care After (English)

Go

NOV 8 **Return Patient Visit** 9:15 AM
Kenneth J Choquette, DO
LVH-CH 1621 N Cedar Crest Physiatry Clinic
1621 N Cedar Crest Blvd
Allentown PA 18104-2312
610-861-8080

-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

You have more future appointments. Please review your full appointment list.

What's Next (continued)

DEC 28	**Return Patient Visit with Susan K Newhart, CRNP** Tuesday Dec 28, 2021 1:00 PM -Arrive 15 minutes early for your appointment. -Bring your insurance card with you. -Bring a list of all of your current medications.	LVH-CC 1250 Neurology 1250 S CEDAR CREST STE 405 ALLENTOWN PA 18103-6224 610-402-8420
APR 11 2022	**Return Patient Visit with Vitaliy Koss, MD** Monday Apr 11, 2022 11:00 AM -Arrive 15 minutes early for your appointment. -Bring your insurance card with you. -Bring a list of all of your current medications.	LVH-CC 1250 Neurology 1250 S CEDAR CREST STE 405 ALLENTOWN PA 18103-6224 610-402-8420

To assist in the coordination and continued quality of your medical care, we encourage you to use a Lehigh Valley Health Network facility for the provision of the health services recommended below. Please call 888-402-LVHN to schedule your appointment.

Special Information Regarding Your Results

LVHN believes in providing you access to your health record information to enable you to make the most informed decisions about your care. We believe you deserve to see your information as soon as it is available and so, when possible, clinical notes and test results will be released to you as soon as they are completed. This means that you may see some test results even before your healthcare provider.

Please keep in mind that there are many results that may show as abnormal or outside an expected range but does not mean that you have a health problem. There will also be results that may need further clarification and interpretation after discussion between you and your provider. Generally, your provider will review your test results and follow up with you to discuss abnormal findings soon after the results became available. If you have an immediate concern, or you don't hear from your provider in regards to abnormal test results, please send a message to your clinical team via MyLVHN or call your physician's office.

Attending Physician

Provider	Service	Role	Specialty	Primary office phone
Kenneth J Choquette, DO	—	Attending Provider	Pain Medicine	610-861-8080

Patient Care Provider Information

Provider	PCP Type
Andres Zirlinger, MD	Pulmonary Disease
Timothy C Salkauskis, MD	General

Why you were hospitalized

Your primary diagnosis was: Not on File

XR THORACIC SPINE 2 VW

Status: Final result

XR THORACIC SPINE 2 VW: Patient Communication

Released ✘ Not seen

XR THORACIC SPINE 2 VW (Order 1315126927)

Imaging

Date: 3/11/2022 Department: LVH-CH 1503 N Cedar Crest Diagnostic Rad Released By: Sara Kershner
Authorizing: Timothy C Salkauskis, MD

Protocol Summary

This study doesn't have any protocol information

PACS Images

(Link Unavailable) Show images for XR THORACIC SPINE 2 VW

Study Result

Narrative & Impression
Examination: Two-view thoracic spine

Comparisons: Bone windows from a CT scan of the chest dated 3/9/2021.

INDICATION: Dorsal back pain.

FINDINGS: 2 views of the thoracic spine demonstrate normal vertebral body stature and unremarkable alignment. The endplates and posterior elements appear intact without evidence of a fracture or suspicious osseous lesion. There is evidence of minimal degenerative change in the disc spaces of the mid thoracic spine. No significant arthritic changes are noted. There is evidence of cervical ACDF. The osseous structures of the thorax appear intact. The lungs and upper abdomen are unremarkable. The cardiomediastinal silhouette is grossly unremarkable.

IMPRESSION:
IMPRESSION: Minimal degenerative change in the thoracic spine. No evidence of a fracture or suspicious osseous lesion. Other findings as noted.

Workstation:WR010076

Imaging

XR THORACIC SPINE 2 VW (Order: 1315126927) - 3/11/2022

Result History

XR THORACIC SPINE 2 VW (Order #1315126927) on 3/11/2022 - Order Result History Report

Order Details

Accession #	Procedure	Diagnosis	Modifier	Modifier(Name)

Mobility Matters: has no problems with bathing, dressing or eating, has no problems with light household tasks, has no difficulty climbing stairs, does not get short of breath doing certain tasks, has not fallen in the last 6 months, does not use an assistive device to walk and does not feel unsteady on their feet
Special Needs: The patient denies any special needs related to communication, learning or any other area.
Abuse/Neglect Screen: Feels comfortable and safe. Patient shows no signs of neglect.

Past Medical History
- History of Anxiety (300.00) (F41.9)
- History of Atrial fibrillation (427.31) (I48.91)
- History of low back pain (V13.59) (Z87.39)
- History of Post-traumatic stress (309.81) (F43.10)

Surgical History
- History of Hemilaminectomy
- History of Laminectomy Lumbar

Social History
- Never a smoker
- Occupation
  - lawyer
- Social alcohol use (Z78.9)

Family History
- Family history of Acute Myocardial Infarction (V17.3) : Father
- Family history of Hypertension (V17.49) : Mother

End of Encounter Meds
- Lidocaine 5 % External Ointment; APPLY 4 INCH Every 8 hours PRN;
  Therapy: 25Apr2016 to (Last Rx:21Jul2016) Requested for: 21Jul2016
  Ordered
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 26Sep2016 to (Evaluate:07Nov2016) Requested for: 26Sep2016;
  Last Rx:26Sep2016 Ordered
- Advil TABS; TAKE 1 TABLET EVERY 8 HOURS AS NEEDED;
  Therapy: (Recorded:10Nov2011) to Recorded
- Eliquis 5 MG Oral Tablet; one tablet twice daily;
  Therapy: (Recorded:04Mar2016) to Recorded
- Multi Vitamin/Minerals Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: (Recorded:10Nov2011) to Recorded
- Propafenone HCl ER 325 MG Oral Capsule Extended Release 12 Hour;
  TAKE 1 CAPSULE Daily;
  Therapy: (Recorded:14Mar2016) to Recorded
- Propafenone HCl ER 425 MG Oral Capsule Extended Release 12 Hour;
  TAKE 1 CAPSULE Daily;
  Therapy: (Recorded:14Mar2016) to Recorded

Allergies
- Codeine Derivatives
  Recorded By: Hicks, Clorissa; 11/10/2011 9:15:34 AM
- Penicillins

AFTER VISIT SUMMARY

Jo Ann C. Fonzone MRN: 00194191 DoB: 7/19/1958

4/19/2022 2:00 PM LVH-CC 1250 Neurology 610-402-8420

Instructions from Vitaliy Koss, MD

drink sufficient amounts of water, eat regularly, get enough sleep.
Begin regular aerobic exercise, 20 to 30 minutes 5 days a week.
Do 1-minute isometric neck exercises 10 times a day
Undergo a course of biofeedback
Consider preventive medications: antidepressants, antihypertensives, anticonvulsants.
Continue Botox injections
Acute treatment. The goal is to treat headaches 3 days a week or less.
Imitrex, Compazine. Ubrelvy
Other options: acupuncture, yoga
Occipital, auricular blocks + tpi- if needed
Follow up with PA in 3 months and MD in 6 months.

What's Next

JUN 27 2022 — **Return Patient Visit with Susan K Newhart, CRNP**
Monday June 27 1:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Neurology - Muhlenberg
1770 BATHGATE RD
STE 403
BETHLEHEM PA
18017-7334
484-884-8370

NOV 21 2022 — **ECHO 2D**
Monday November 21 1:00 PM

LVH-CH 1503 N Cedar Crest Cardiac Diag Cntr
1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA
18104-2310
610-849-0692

NOV 21 2022 — **Return Patient Visit with Prasant Pandey, MD**
Monday November 21 2:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Cardiology - 1503 N Cedar Crest
1503 N CEDAR CREST BLVD
ALLENTOWN PA
18104-2310
610-402-3110

Today's Visit

You saw Vitaliy Koss, MD on Tuesday April 19, 2022. The following issue was addressed: Intractable chronic migraine without aura and without status migrainosus.

Blood Pressure 119/75	BMI 17.69
Weight 109 lb 9.6 oz	Height 5' 6"
Pulse 71	

Medications Given
botulinum toxin Type A (BOTOX) injection 155 Units Last given at 2:18 PM for Intractable chronic migraine without aura and without status migrainosus

MyLVHN

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to **https://www.mylvhn.org/mychart/**, click "Sign Up Now", and enter your personal activation code: **R2KQ9-CM8F5**. Activation code expires *4/24/2022*.

Begin Exam	End Exam	End Exam Questionnaires
4/11/2022 8:38 AM	4/11/2022 10:02 AM	LV RIS MRI END EXAM QUESTIONNIARE

Reviewed by

Brian K Goldberg, MD 4/11/2022 7:43 PM

Expected Charges

Charge	Code	Association	Charge Trigger	Charge Type
Hb Mri Cervical Spine W/o Contrast 72141 [700600034]	72141	Linked	Imaging end exam	Technical
MRI, CERV SPINE	72141	Linked	Imaging result study	Professional

Timeouts

None

Study Notes

Susan M Reinert, RT on 4/11/2022 8:43 AM
Sx 2017. Injected nov. No new injury. Head, neck & rt shoulder pain.

Events

4/11/2022 8:45 AM - MR C-SPINE WO CONT

Event	Date/Time	User	Comment	Event Type
Appointment Scheduled	3/31/2022 8:23 AM	Tina M Sherer		Appointment Events
Department check-in started	4/11/2022 8:37 AM	Isabel Andino		Appointment Events
Department check-in complete	4/11/2022 8:37 AM	Isabel Andino		Appointment Events
HOV Confirmation Started	4/11/2022 8:37 AM	Isabel Andino		Registration Events
HOV Confirmed	4/11/2022 8:37 AM	Isabel Andino		Registration Events
Admission Med List Generated	4/11/2022 8:37 AM	Historical Provider, MD		Order Reconciliation
Admission FAM List Generated	4/11/2022 8:37 AM	Historical Provider, MD		Order Reconciliation
Prev Admission Rec Generated	4/11/2022 8:37 AM	Historical Provider, MD		Order Reconciliation
Discharge Event Snapshot	4/12/2022 1:47 AM	Historical Provider, MD		Order Reconciliation
FAM Discharge Event Snapshot	4/12/2022 1:47 AM	Historical Provider, MD		Order Reconciliation

Message Routing History

Priority	Sent On	From	To	Last Action	Message Type

Expected Charges

Charge	Code	Association	Charge Trigger	Charge Type
Hb Mri Thoracic Spine W/o Contrast 72146 [700600037]	72146	Linked	Imaging end exam	Technical
MRI, DORSAL SPINE	72146	Linked	Imaging result study	Professional

Timeouts

None

Study Notes

Susan M Reinert, RT on 4/11/2022 8:44 AM
No sx or injections. Pain mid back since 2010

Events

4/11/2022 9:30 AM - MR T-SPINE WO CONT

Event	Date/Time	User	Comment	Event Type
Appointment Scheduled	3/31/2022 8:23 AM	Tina M Sherer		Appointment Events
Department check-in started	4/11/2022 8:38 AM	Isabel Andino		Appointment Events
Department check-in complete	4/11/2022 8:39 AM	Isabel Andino		Appointment Events
HOV Confirmation Started	4/11/2022 8:39 AM	Isabel Andino		Registration Events
HOV Confirmed	4/11/2022 8:39 AM	Isabel Andino		Registration Events
Admission Med List Generated	4/11/2022 8:39 AM	Historical Provider, MD		Order Reconciliation
Admission FAM List Generated	4/11/2022 8:39 AM	Historical Provider, MD		Order Reconciliation
Prev Admission Rec Generated	4/11/2022 8:39 AM	Historical Provider, MD		Order Reconciliation
Discharge Event Snapshot	4/12/2022 1:47 AM	Historical Provider, MD		Order Reconciliation
FAM Discharge Event Snapshot	4/12/2022 1:47 AM	Historical Provider, MD		Order Reconciliation

Message Routing History

Priority	Sent On	From	To	Last Action	Message Type
	4/11/2022 10:52 AM	Interface, Rad Results In	Susan K Newhart, CRNP	Done at 4/11/2022 12:34 PM	Results

Detailed Action Log

Date/Time	Action	Taken By
4/11/2022 12:34 PM	Done	Susan K Newhart, CRNP
4/11/2022 12:34 PM	Display	Susan K Newhart, CRNP

MRI CERVICAL SPINE WO CONTRAST

Status: Final result

MRI CERVICAL SPINE WO CONTRAST: Patient Communication

Released ✖ Not seen

MRI CERVICAL SPINE WO CONTRAST (Order 1315126944)

Imaging

Date: 4/11/2022 Department: LVH-CH 1503 N Cedar Crest MRI Released By: Isabel Andino
Authorizing: Brian K Goldberg, MD

Protocol Summary

Protocol not completed.

PACS Images

(Link Unavailable) Show images for MRI CERVICAL SPINE WO CONTRAST

Study Result

Narrative & Impression

Study: MRI cervical spine without contrast.

COMPARISON: MRI cervical spine December 28, 2017..

HISTORY: Spinal fusion. Right shoulder pain.

Imaging sequences: Sagittal T1, T2, T2 fat sat, STIR, dual echo; axial T2, T2 gradient.

FINDINGS:

Mild straightening normal cervical lordotic curvature. Patient status post anterior fusion C5-C7. No acute abnormal marrow replacing signal visualized osseous elements or edema on STIR acquisition. No acute or chronic compression fractures.

C2-3 disc normal. Central canal/cord intact, foramen widely patent.

C3-4 disc normal. Central canal/cord intact, mild foraminal narrowing on the right, patent on the left.

C4-5 disc with interval degenerative narrowing and spurring anteriorly. Small central annular fissure posteriorly in the midline. Mild central canal narrowing, cord integrity intact. Moderate bilateral foraminal narrowing.

C5-6 level with intact central canal/cord. Asymmetric foraminal narrowing on the right unchanged, patent on the left.

C5-6 level with intact central canal/cord. Foramen patent.

	Refills	Start Date	End Date
Take 1 tablet (50 mg total) by mouth 3 (three) times a day as needed for severe pain (pain score 7-10). Max Daily Amount: 150 mg - oral			

VITAMIN B COMPLEX ORAL
TAKE 1 TABLET DAILY
Patient-reported medication

Visit Diagnoses

Primary: **Chronic neck pain** M54.2, G89.29
Facet arthritis of cervical region M47.812
Cervical post-laminectomy syndrome M96.1
DDD (degenerative disc disease), cervical M50.30
Mid back pain M54.9
Status post cervical spinal arthrodesis Z98.1

Pharmacy Benefits

FONZONE, JO ANN - PA BASE PLAN NO ACCUMS (CVS|CAREMARK)

Covered: **Retail**, Specialty Not covered: Mail Order Unknown: Long-Term Care

Member ID: 24013039
Group ID: RX2338
Group name: GHP PA MEDICAID/HPLUS COPAY BP50 ADULT
BIN: 004336
PCN: ADV
DOB: 7/19/1958
Legal sex: F
Address: 631 PRIMROSE LN ALLENTOWN PA 18104

Case 5:22-cv-05072-PKH Document 1-1 Filed 05/03/22 Page 90 of 148

Assessment/Plan:

1.	**Chronic neck pain**	**MRI CERVICAL SPINE WO CONTRAST** **AMB REF LVPG PHYSIATRY - INDEPENDENCE ROAD**
2.	Facet arthritis of cervical region	
3.	Cervical post-laminectomy syndrome	
4.	DDD (degenerative disc disease), cervical	
5.	Mid back pain	MRI THORACIC SPINE WO CONTRAST
6.	Status post cervical spinal arthrodesis	MRI CERVICAL SPINE WO CONTRAST

Cervical spine MRI and Thoracic spine MRI ordered given neck and midback pain despite 2021 PT and prior Cspine fusion with +Hoffmans on todays exam- r/o cord compression
Referred to Dr. Ferker to discuss MRIs and possible upper cervical and facet injections (I only perform C7-T1 ILESI approach which would not help upper cervical axial pain). In addition, I am leaving LVHN at end of June and for continuity of care she should establish care with Dr. Ferker.
Patient seen with physician extender, Erin

Brian K Goldberg, MD

Instructions

Return if symptoms worsen or fail to improve.

After Visit Summary (Printed 3/31/2022)

Additional Documentation

Vitals: Pulse 82 Resp 14 Ht 1.676 m (5' 6") Wt 49.4 kg (109 lb) SpO2 99% BMI 17.59 kg/m²
BSA 1.52 m² Pain Sc 7

SmartForms: LV AMB ENCOUNTER STICKY NOTE

Encounter Info: Billing Info, History, Allergies, Detailed Report

Orders Placed

MRI CERVICAL SPINE WO CONTRAST
MRI THORACIC SPINE WO CONTRAST
AMB REF LVPG PHYSIATRY - INDEPENDENCE ROAD Pending Review

Tremor
Resting tremor: absent
Intention tremor: absent

Reflexes
Right brachioradialis: 2+
Left brachioradialis: 3+
Right triceps: 2+
Left triceps: 2+
Right patellar: 2+
Left patellar: 2+
Right achilles: 2+
Left achilles: 2+
Right Hoffman: present
Left Hoffman: absent
Right ankle clonus: absent
Left pendular knee jerk: absent

Back Exam

Tenderness
The patient is experiencing tenderness in the cervical and thoracic.

Muscle Strength
Right Quadriceps: 5/5
Left Quadriceps: 5/5
Right Hamstrings: 5/5
Left Hamstrings: 5/5

Right Hand Exam
Right hand exam is normal.

Muscle Strength
The patient has normal right wrist strength.

Tests
Phalen's Sign: negative
Tinel's sign (median nerve): negative
Finkelstein's test: negative

Other
Erythema: absent
Scars: absent

Left Hand Exam
Left hand exam is normal.

Muscle Strength
The patient has normal left wrist strength.

Pain with cervical facet loading

Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds.

Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.

Musculoskeletal:
Cervical back: No rigidity, torticollis or crepitus. Spinous process tenderness and muscular tenderness present. Decreased range of motion.
Right lower leg: No edema.
Left lower leg: No edema. Lymphadenopathy:
Cervical: No cervical adenopathy.

Neurological:
Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: Cranial nerves are intact. No facial asymmetry.
Sensory: Sensation is intact.
Motor: Motor function is intact.
Coordination: Romberg sign negative. Romberg Test normal.
Gait: Gait is intact.
Deep Tendon Reflexes:
Reflex Scores:
Tricep reflexes are 2+ on the right side and 2+ on the left side.
Brachioradialis reflexes are 2+ on the right side and 3+ on the left side.
Patellar reflexes are 2+ on the right side and 2+ on the left side.
Achilles reflexes are 2+ on the right side and 2+ on the left side.

Skin:
Coloration: Skin is not ashen, cyanotic, jaundiced or pale.
Findings: No ecchymosis, petechiae or rash.

Psychiatric:
Attention and Perception: Attention normal.
Mood and Affect: Mood and affect, mood and affect normal.
Speech: Speech normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.
Cognition and Memory: Cognition normal.
Judgment: Judgment normal.

Neurologic Exam

Mental Status
Oriented to person, place, and time.
Speech: speech is normal

Cranial Nerves

Financial Resource Strain: Not on file
Food Insecurity: Not on file
Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not on file
Housing Stability: Not on file

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 325 MG tablet	Take 650 mg by mouth every 6 (six) hours as needed for mild pain (pain score 1-3).		
• albuterol (PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.	3 each	0
• aspirin 81 MG EC tablet	Take 81 mg by mouth daily.		
• clonazePAM (KlonoPIN) 1 MG tablet	Take 1 to 2 tabs PO qhs	60 tablet	0
• digoxin (LANOXIN) 125 mcg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY	90 tablet	3
• lidocaine 5 % gel	Apply small to affected QID PRN	60 g	2
• multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap	Take 1 tablet by mouth daily.		
• NON FORMULARY	DMG supplement		
• propafenone (RYTHMOL SR) 325 MG 12 hr capsule	TAKE 1 CAPSULE BY MOUTH TWO TIMES DAILY	180 capsule	3
• PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL)	Take 2 tablets by mouth daily.		
• rimegepant (NURTEC ODT) 75 mg TbDL	Take 75 mg by mouth daily as needed (As needed for headache). Take one tab every other day for headache/migraine.	16 tablet	3

Case 5:22-cv-00204-JAC Document 1-1 Filed 05/03/22 Page 94 of 148

- Anxiety
- Broken wrist
- Cervical radiculopathy
- Concussion
- Headache
- Hyperinflation of lungs
  per patient
- Low back pain
- Paroxysmal atrial fibrillation (HCC) 10/06/2010
- PBA (pseudobulbar affect)
- Pericardial effusion
- PTSD (post-traumatic stress disorder)
- Shoulder pain, right
- Subdural hematoma (HCC)
- Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)
- TOS (thoracic outlet syndrome)

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• BACK SURGERY *Hemilaminectomy*		
• CERVICAL DISCECTOMY		07/2017
• CERVICAL DISCECTOMY *Ant Spinal Diskectomy, osteophytectomy Addl Cervical interspace*		
• LAMINECTOMY		
• LUMBAR LAMINECTOMY		

Social History

Socioeconomic History

• Marital status:	Legally Separated
Spouse name:	Not on file Cary Woods
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

• Occupation:	lawyer

Tobacco Use

• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	2/1/2006
Years since quitting:	16.1
• Smokeless tobacco:	Never Used

Vaping Use

MRN: 00194191

Fonzone, Jo Ann C

Office Visit 3/31/2022
LVPG Physiatry - 1621 N Cedar Crest

Provider: Brian K Goldberg, MD (Physical Medicine and Rehabilitation)
Primary diagnosis: Chronic neck pain
Reason for Visit: Neck Pain • Mid Back Pain

Progress Notes

Brian K Goldberg, MD (Physician) • Physical Medicine and Rehabilitation

Chief Complaint
Patient presents with
- Neck Pain
- Mid Back Pain

Subjective:

Jo Ann C Fonzone is a 63 y.o. female who was last seen January 2019. During her time treating with me for neck pain, we used TPIs and cervical ESIs to manage her pain. She then treated with Dr. Choquette for Pain management at CH and utilized cervical facet injections and R sided SNRBs, Since Dr. Choquette retired and Brian Philips left LVHN, she has treated with LVPG Pain management (Dr. Amin). Dr. Amin recommended R C3-4 and R C4-5 MBB at 12/9/21 visit. She did not care for Dr. Amin.

Patient states today she has been having a lot of upper neck pain. Patient attended physical therapy from June 2021 until September 2021 without relief. She asks about updated MRI Cspine and Tspine and upper cervical injections.

Patient also sees Neurology for chronic migraine headaches.

Patient underwent C5-7 ACDF on 7/20/17 with Dr. Wagener.

Patient received R wrist injection with Dr. Razavi on 1/27/22.

Pain Location: neck, midback
Pain Quality: sharp

Alleviating factors: rest
Exacerbating factors: activity

Past pain medications: Nucynta, Klonopin

Previous imaging:
2021 Xray Cspine showed
There is no high-grade cervical compression fracture noted. Status post C5-C7 ACDF with radiographically intact plate, interbody screws, and radiodense multilevel interdisc grafts. There is straightening of the cervical lordosis with moderate degenerative disc space narrowing at the C4-C5 level with concurrent uncovertebral hypertrophy and mild focal bony spinal canal narrowing. Mild degenerative disc space narrowing and uncovertebral hypertrophy is noted at the C2-C3 and C3-C4 levels. There is mild narrowing of the left C5-C6 and C6-C7 neural foramina. There

Encounter

View Encounter

Linked Performables

XR THORACIC SPINE 2 VW [IMG61]

Not applicable since procedure XR THORACIC SPINE 2 VW [IMG61] is already configured as a performable procedure

Patient and Order Information

Patient Name: Fonzone, Jo Ann C	*Exam Date/Time:* 03/11/2022 1307	*Phone #:* 484-773-8056	*MRN:* 00194191
DOB: 7/19/1958	*Legal Sex:* Female	*Account #:* 641812473	
Pt. Class: Outpatient	*Accession #:* 86972585	*Performing Department:* LVH-CH 1503 N Cedar Crest Diagnostic Rad	
Primary Care Provider: Salkauskis, Timothy C	*Ordering Provider:* Timothy C Salkauskis	*Authorizing Provider:* Timothy C Salkauskis	

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
641812473 - FONZONE,JO ANN C	HIGHMARK WHOLECARE MEDICAID [133]	None	None

Event	Date/Time	User	Comment	Event Type
Department check-in complete	3/11/2022 1:00 PM	Sara Kershner		Appointment Events
HOV Confirmation Started	3/11/2022 1:00 PM	Sara Kershner		Registration Events
HOV Confirmed	3/11/2022 1:00 PM	Sara Kershner		Registration Events
Admission Med List Generated	3/11/2022 1:00 PM	Historical Provider, MD		Order Reconciliation
Admission FAM List Generated	3/11/2022 1:00 PM	Historical Provider, MD		Order Reconciliation
Prev Admission Rec Generated	3/11/2022 1:00 PM	Historical Provider, MD		Order Reconciliation
Discharge Event Snapshot	3/12/2022 1:48 AM	Historical Provider, MD		Order Reconciliation
FAM Discharge Event Snapshot	3/12/2022 1:48 AM	Historical Provider, MD		Order Reconciliation

Message Routing History

Priority	Sent On	From	To	Last Action	Message Type
	3/11/2022 1:27 PM	Interface, Rad Results In	Timothy C Salkauskis, MD	Reviewed at 3/14/2022 8:44 AM	Results

Detailed Action Log

Date/Time	Action	Taken By
3/14/2022 8:44 AM	Reviewed	Timothy C Salkauskis, MD
3/14/2022 8:43 AM	Display	Timothy C Salkauskis, MD

	3/11/2022 1:27 PM	Interface, Rad Results In	Susan K Newhart, CRNP	Done at 3/14/2022 8:13 AM	Results

Detailed Action Log

Date/Time	Action	Taken By
3/14/2022 8:13 AM	Done	Susan K Newhart, CRNP
3/14/2022 8:13 AM	Display	Susan K Newhart, CRNP

Supplies

Name	ID	Temporary	Type	Charge Code Description	Charge Code	Quantity
No information to display						

Results Routing Tracking

XR THORACIC SPINE 2 VW (Order #1315126927) on 3/11/22

External Result Report

External Result Report

Order Report

Order Details

Accession #	Procedure	Diagnosis	Modifier	Modifier(Name)
86972585	XR THORACIC SPINE 2 VW	Acute midline thoracic back pain [M54.6 (ICD-10-CM)]		

Signed by

Signed	Date/Time	Phone	Pager
FOGARTY, KEVIN T	3/11/2022 13:25	610-770-1606	

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
X-Ray Thoracic Spine 2 Views	Heather S Nagle, RT		

Appointment Date/Status	Modality	Department
3/11/2022 Completed	CHA RAD ROOM 01	CHA DIAG RADIOLOGY

Begin Exam	End Exam	Begin Exam Questionnaires	End Exam Questionnaires
3/11/2022 1:01 PM	3/11/2022 1:07 PM	LV RIS DIAG RAD BEGIN EXAM	LV RIS XRAY END EXAM QUESTIONNAIRE LV RIS OR END EXAM QUESTIONNAIRE

Reviewed by

Timothy C Salkauskis, MD 3/14/2022 8:44 AM

Expected Charges

Charge	Code	Association	Charge Trigger	Charge Type
Hb Thoracic Spine 2 Views X-ray 72070 [700300055]	72070	Linked	Imaging end exam	Technical
X-RAY THORACIC SPINE 2 VW	72070	Linked	Imaging result study	Professional

Timeouts

None

Study Notes

Heather S Nagle, RT on 3/11/2022 1:07 PM
Chronic back pain, including history of herniated discs. Recently has had increased pain

Events

3/11/2022 1:00 PM - XR THORACIC SPINE 2 VW

Event	Date/Time	User	Comment	Event Type
Appointment Scheduled	3/11/2022 11:40 AM	Sara Kershner		Appointment Events
Department check-in started	3/11/2022 12:59 PM	Sara Kershner		Appointment Events

AFTER VISIT SUMMARY

Jo Ann C. Fonzone MRN: 00194191 DoB: 7/19/1958
4/11/2022 11:00 AM LVH-CC 1250 Neurology 610-402-8420

Instructions from Vitaliy Koss, MD

drink sufficient amounts of water, eat regularly, get enough sleep.
Begin regular aerobic exercise, 20 to 30 minutes 5 days a week.
Do 1-minute isometric neck exercises 10 times a day
Undergo a course of biofeedback
Consider preventive medications: antidepressants, antihypertensives, anticonvulsants.
Start Botox injections
Acute treatment. The goal is to treat headaches 3 days a week or less.
Imitrex, Compazine. Ubrelvy
Other options: acupuncture, yoga
Occipital, auricular blocks + tpi- if needed
Follow up with PA in 3 months and MD in 6 months.

Today's Visit

You saw Vitaliy Koss, MD on Monday April 11, 2022. The following issue was addressed: Intractable chronic migraine without aura and without status migrainosus.

Blood Pressure 113/74	BMI 17.43
Weight 108 lb	Height 5' 6"
Pulse 76	

Pick up these medications at Wegmans Allentown Pharmacy #079 - Allentown, PA - 3900 Tilghman Street

ubrogepant

Address: 3900 Tilghman Street Tilghman St. - Allentown, Allentown PA 18104
Phone: 610-336-7940

What's Next

JUN 27 2022 **Return Patient Visit with Susan K Newhart, CRNP**
Monday June 27 1:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Neurology - Muhlenberg
1770 BATHGATE RD
STE 403
BETHLEHEM PA
18017-7334
484-884-8370

NOV 21 2022 **ECHO 2D**
Monday November 21 1:00 PM

LVH-CH 1503 N Cedar Crest Cardiac Diag Cntr
1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA
18104-2310
610-849-0692

MyLVHN

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to **https://www.mylvhn.org/mychart/**, click "Sign Up Now", and enter your personal activation code: **R2KQ9-CM8F5**. Activation code expires 4/24/2022.

LVHN Patient Satisfaction Survey

At Lehigh Valley Health Network, we appreciate the opportunity to partner in your care and value you as a patient. To help improve the quality of care and services we provide patients like you, we will be in contact via phone, text, or email with a few brief questions regarding this visit. We look forward to your response and feedback.

Thank you for partnering with LVHN.

It is the policy of the Lehigh Valley Health Network, its wholly owned subsidiaries and healthcare providers to not discriminate on the basis of race, color, national origin, sex, age, gender identity or disability.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-402-8000.
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-610-402-8000
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-402-8000.
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-402-8000.

MRI THORACIC SPINE WO CONTRAST

Status: Final result

MRI THORACIC SPINE WO CONTRAST: Patient Communication

Released ✖ Not seen

MRI THORACIC SPINE WO CONTRAST (Order 1315126946)

Imaging

Date: 4/11/2022 Department: LVH-CH 1503 N Cedar Crest MRI Released By: Isabel Andino
Authorizing: Brian K Goldberg, MD

Protocol Summary

Protocol not completed.

PACS Images

(Link Unavailable) Show images for MRI THORACIC SPINE WO CONTRAST

Study Result

Narrative & Impression
MRI of the thoracic spine without contrast

HISTORY: Mid back pain; symptoms of pain in the mid back since 2010

TECHNIQUE: Multiplanar and multisequence MR images of the thoracic spine were obtained at 1.5 Tesla without intravenous contrast.

CONTRAST: None

COMPARISON: Radiograph of the thoracic spine dated 3/11/2022

FINDINGS:

Vertebral body heights are normal. Small scattered islands of fat and/or intraosseous hemangiomas noted within multiple vertebral bodies, including within the T7, T12, L1 and L2. No geographic marrow edema/compression fracture of the thoracic vertebral bodies. No focal high signal intensity/marrow edema in the visualized posterior elements.

Conus is located at the level of L1. No appreciable mass effect on the cord. Limited assessment of the cord signal on the axial images secondary to motion/pulsation artifact. Within limits of the examination, no definite cord edema.

Motion artifact somewhat limits assessment of the lung fields. No appreciable pleural effusion in the visualized portions of the lung fields. Incidentally noted is a ovoid area of high signal intensity within the liver measuring 1.3 x 0.9 cm (series 11 image 11 through 13), suboptimally characterized on the current study secondary to motion/pulsation artifact. Common duct is noted to be slightly dilated superiorly, and is noted to taper in size inferiorly. This finding is somewhat better visualized/characterized on previous MRI of the

HIGHMARK. WHOLECARE.

April 4, 2022 12:09 PM

Jo Ann Fonzone
631 PRIMROSE LN
ALLENTOWN PA 18104

RE:	**Jo Ann Fonzone**
ID #:	**2401303901**
Date of Birth:	**07/19/1958**

Dear **Jo Ann Fonzone**:

Highmark Wholecare has approved a request for a(n) **Thoracic Spine MRI (Magnetic Resonance Imaging – pictures of inside your mid spine)** submitted by **Dr. Brian K Goldberg** because Highmark Wholecare has approved a request for finds the service to be medically necessary based on current information submitted for the request.

You may have already received the service, or you may have already received information regarding the date you are scheduled to receive this service. If you have questions regarding this approved service by Highmark Wholecare, please contact Highmark Wholecare's Member Services Department at 1-800-392-1147.

22544

Sincerely,

Highmark Wholecare Utilization Management
Treating Practitioner

cc: Dr. Brian K Goldberg
LEHIGH VALLEY COORDINATED HEALTH HOSPITAL

Fonzone, Joann

MRN: 62239039

Consult 4/8/2022
St Lukes Spine And Pain
Allentown

Provider: Jason Erickson, DO (Pain Medicine)
Primary diagnosis: Cervical spondylosis
Reason for Visit: Neck Pain • Shoulder Pain; Referred by Referral Self

Progress Notes

Jason Erickson, DO (Physician) • Pain Medicine

Assessment

1. **Cervical spondylosis**
2. Neck pain
3. Status post cervical spinal fusion

Plan

1. Await C spine MRI for review, scheduled for Monday 4/11
2. Will likely be a candidate for (R) C2-4 MBB#1 and subsequent radiofrequency ablation if she has an appropriate diagnostic response. Procedure reviewed in detail and pamphlets were given for review.

My impressions and treatment recommendations were discussed in detail with the patient who verbalized understanding and had no further questions. Discharge instructions were provided. I personally saw and examined the patient and I agree with the above discussed plan of care.

No orders of the defined types were placed in this encounter.

New Medications Ordered This Visit
Medications

- Rimegepant Sulfate (Nurtec) 75 MG TBDP
  Sig: Take 75 mg by mouth
- Botulinum Toxin Type A 200 units SOLR
  Sig: Inject 155 units into face and neck IM every 90 days

History of Present Illness

Joann Fonzone is a 63 y.o. female seen in consultation regarding chronic right-sided neck pain. The patient has been experiencing symptoms since an injury that occurred in October of 2010. She was a victim of aggravated assaults and ended up undergoing cervical fusion. She continues with significant pain above the level of her fusion on the right side scores this as a 10/10 at its worst. She describes pain that is nearly constant and worse at nighttime characterized as throbbing. She does describe some upper extremity weakness on the right as well and occasional dropping of objects.

She localizes pain to the right cervical facet joints and right occipital nerve distribution.

Aggravating factors include standing bending sitting walking exercise. Alleviating factors include lying down, standing, and relaxation.

She did have her cervical fusion performed by Dr. Wagener, subsequent treatment with Dr. Goldberg and Dr. Choquette.

She does have an MRI planned for this coming Monday and was instructed to obtain the disc with images for my review upon follow-up.

She has noted moderate relief in the past with traction nerve blocks or injections physical therapy exercise osteopathic manipulation heat or ice application and chiropractic manipulation. Excellent relief from her prior surgery and no relief with a 10s unit.

Social history negative for tobacco marijuana use positive for occasional alcohol consumption.

Currently using acetaminophen and lidocaine patches for pain relief. Was also receiving Nucynta for pain relief with some mild improvement in symptoms.

I have personally reviewed and/or updated the patient's past medical history, past surgical history, family history, social history, current medications, allergies, and vital signs today.

Review of Systems
Constitutional: Negative for fever and unexpected weight change.
HENT: Positive for hearing loss. Negative for trouble swallowing.
Eyes: Negative for visual disturbance.
Respiratory: Positive for shortness of breath. Negative for wheezing.
Cardiovascular: Positive for palpitations. Negative for chest pain.
Gastrointestinal: Negative for constipation, diarrhea, nausea and vomiting.
Endocrine: Negative for cold intolerance, heat intolerance and polydipsia.
Genitourinary: Negative for difficulty urinating and frequency.
Musculoskeletal: Positive for joint swelling, myalgias, neck pain and neck stiffness. Negative for arthralgias and gait problem.
Skin: Negative for rash.
Neurological: Positive for headaches. Negative for dizziness, seizures, syncope and weakness.
Hematological: Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for dysphoric mood.
All other systems reviewed and are negative.

There is no problem list on file for this patient.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Aortic aneurysm (HCC)	
• Arthritis	
• Asthma	
• Atrial fibrillation (HCC)	
• Fibromyalgia, primary	
• Headache(784.0)	
• Migraines	
• Pericardial effusion	
• Seizures (HCC)	

Past Surgical History:

Procedure	Laterality	Date

- BACK SURGERY
- EPIDURAL BLOCK INJECTION
- LAMINECTOMY
- NECK SURGERY
- SPINAL FUSION
- SPINE SURGERY
- TRIGGER POINT INJECTION

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• No Known Problems	Father	

Social History

Occupational History
- Not on file

Tobacco Use

• Smoking status:	Former Smoker
Packs/day:	0.25
Years:	10.00
Pack years:	2.50
Types:	Cigarettes
• Smokeless tobacco:	Never Used

Vaping Use

• Vaping Use:	Never used

Substance and Sexual Activity

• Alcohol use:	Not Currently
Alcohol/week:	0.0 standard drinks
• Drug use:	Never
• Sexual activity:	Not Currently
Partners:	Male
Comment: Menoupause	

Current Outpatient Medications on File Prior to Visit

Medication	Sig
• aspirin (ECOTRIN LOW STRENGTH) 81 mg EC tablet	Take 81 mg by mouth every other day
• Botulinum Toxin Type A 200 units SOLR	Inject 155 units into face and neck IM every 90 days
• clonazePAM (KlonoPIN) 1 mg tablet	daily at bedtime as needed
• digoxin (LANOXIN) 0.125 mg tablet	Take 125 mcg by mouth daily
• Multiple Vitamin (MULTI-VITAMIN DAILY PO)	Take 1 tablet by mouth daily
• prochlorperazine (COMPAZINE) 5 mg tablet	Take 1 tab twice a day as needed for headache or nausea, limit 3 days per week

• SUMAtriptan (IMITREX) 25 mg tablet	TAKE 1 TABLET BY MOUTH AT ONSET OF HEADACHE, MAY REPEAT AFTER 2 HOURS. NOT TO EXCEED 4 TABLETS IN 24 HOURS
• NUCYNTA 50 MG tablet	Take 50 mg by mouth daily at bedtime as needed (Patient not taking: Reported on 4/8/2022)
• propafenone (RYTHMOL SR) 325 mg 12 hr capsule	(Patient not taking: Reported on 4/8/2022)
• Psyllium (Nat-Rul Psyllium Seed Husks) 500 MG CAPS	Take 2 tablets by mouth daily (Patient not taking: Reported on 4/8/2022)
• Rimegepant Sulfate (Nurtec) 75 MG TBDP	Take 75 mg by mouth (Patient not taking: Reported on 4/8/2022)

No current facility-administered medications on file prior to visit.

Allergies

Allergen	Reactions
• Codeine	GI Intolerance and Other (See Comments)
• Penicillins	Other (See Comments) and Rash

Other reaction(s): Unknown Allergic Reaction

Physical Exam

BP 116/72 | Pulse 71 | Temp 98.1 °F (36.7 °C) | Ht 5' 6" (1.676 m) | Wt 48.5 kg (107 lb) | SpO2 98% | BMI 17.27 kg/m²

CERVICAL
General: Well-developed, well-nourished individual in no acute distress.
Mental: Appropriate mood and affect. Grossly oriented with coherent speech and thought processing .

Neuro:
Cranial nerves: Cranial nerve function is grossly intact bilaterally .
Strength: Bilateral upper extremity strength is normal and symmetric except for some mild weakness noted with right triceps extension and grip strength on the right side . No atrophy or tone abnormalities noted .
Reflexes: Bilateral upper extremity muscle stretch reflexes are brisk bilaterally . No Hoffman sign .
Sensation: No loss of sensation is noted .
Foraminal Compression Maneuvers: Spurling sign is absent .

Gait:
Gait/gross motor: Gait is normal. Station is normal.

Musculoskeletal:
Palpation: Inspection and palpation of the spine and extremities are unremarkable except for significant tenderness to palpation along the upper cervical facet joints on the right reproducing her pain complaint .
Spine: Significant limitation in cervical range of motion in all planes which reproduces pain .
No gross axial skeletal deformities .

Skin: Skin inspection grossly negative for erythema, breakdown, or concerning lesions in affected area .

Lymph: No lymphadenopathy is appreciated in the involved extremity .

Vessels: No lower extremity edema .

Lungs: Breathing is comfortable and regular. No dyspnea noted during examination .

Eyes: Visual field grossly intact to confrontation. No redness appreciated.

ENT: No craniofacial deformities or asymmetry. No neck masses appreciated.

Imaging

XR CERVICAL SPINE 4 OR 5 VIEWS

Anatomical Region	Laterality	Modality
C-spine	—	Digital Radiography
T-spine	—	—
L-spine	—	—
Neck	—	—
Spine	—	—

Impression

Performed by RADIOLOGY

IMPRESSION:

1. Radiographically intact C5-C7 ACDF.
2. No high-grade cervical compression fracture or malalignment.
3. Mild to moderate multilevel cervical spondylosis as described above.

Workstation:WR0030

Narrative

Performed by RADIOLOGY

CERVICAL SPINE SERIES

INDICATION: Cervical spondylosis

COMPARISON: Intraoperative fluoroscopy of 1/29/2020.

TECHNIQUE: 5 views of the cervical spine.

FINDINGS:

There is no high-grade cervical compression fracture noted. Status post C5-C7 ACDF with radiographically intact plate, interbody screws, and radiodense multilevel interdisc grafts. There is straightening of the cervical lordosis with moderate degenerative disc space narrowing at the C4-C5 level with concurrent uncovertebral hypertrophy and mild focal bony spinal canal narrowing. Mild degenerative disc space narrowing and uncovertebral hypertrophy is noted at the C2-C3 and C3-C4 levels. There is mild narrowing of the left C5-C6 and C6-C7 neural foramina. There is mild narrowing of the right C4-C5 neural foramen. The retropharyngeal soft tissues are normal in thickness..

Procedure Note

Myers, Ross A, MD - 12/10/2021
Formatting of this note might be different from the original.
CERVICAL SPINE SERIES

INDICATION: Cervical spondylosis

COMPARISON: Intraoperative fluoroscopy of 1/29/2020.

TECHNIQUE: 5 views of the cervical spine.

FINDINGS:

There is no high-grade cervical compression fracture noted. Status post C5-C7 ACDF with radiographically intact plate, interbody screws, and radiodense multilevel interdisc grafts. There is straightening of the cervical lordosis with moderate degenerative disc space narrowing at the C4-C5 level with concurrent uncovertebral hypertrophy and mild focal bony spinal canal narrowing. Mild degenerative disc space narrowing and uncovertebral hypertrophy is noted at the C2-C3 and C3-C4 levels. There is mild narrowing of the left C5-C6 and C6-C7 neural foramina. There is mild narrowing of the right C4-C5 neural foramen. The retropharyngeal soft tissues are normal in thickness..

IMPRESSION:
IMPRESSION:

1. Radiographically intact C5-C7 ACDF.
2. No high-grade cervical compression fracture or malalignment.
3. Mild to moderate multilevel cervical spondylosis as described above.

Workstation:WR0030
Specimen Collected: 12/10/21 10:04 AM Last Resulted: 12/10/21 10:07 AM
Received From: Lehigh Valley Health Network

Instructions

Arthritis

WHAT YOU NEED TO KNOW:
Arthritis is pain or disease in one or more joints. There are many types of arthritis. Types such as rheumatoid arthritis cause inflammation in the joints. Other types wear away the cartilage between joints, such as osteoarthritis. This makes the bones of the joint rub together when you move the joint. An infection from bacteria, a virus, or a fungus can also cause arthritis. Your symptoms may be constant, or symptoms may come and go. Arthritis often gets worse over time and can cause permanent joint damage.

DISCHARGE INSTRUCTIONS:
Call your doctor or rheumatologist if:

- You have a fever and severe joint pain or swelling.
- You cannot move the affected joint.
- You have severe joint pain you cannot tolerate.
- You have a new or worsening rash.
- Your pain or swelling does not get better with treatment.
- You have questions or concerns about your condition or care.

Medicines:

- **Acetaminophen decreases pain and fever. It is available without a doctor's order. Ask how much to take and how often to take it. Follow directions. Read the labels of all other medicines you are using to see if they also contain acetaminophen, or ask your doctor or pharmacist. Acetaminophen can cause liver damage if not taken correctly. Do not use more than 4 grams (4,000 milligrams) total of acetaminophen in one day.**
- **NSAIDs , such as ibuprofen, help decrease swelling, pain, and fever. This medicine is available with or without a doctor's order. NSAIDs can cause stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, always ask your healthcare provider if NSAIDs are safe for you. Always read the medicine label and follow directions.**
- **Steroids reduce swelling and pain.**
- **Prescription pain medicine may be given. Ask your healthcare provider how to take this medicine safely. Some prescription pain medicines contain acetaminophen. Do not take other medicines that contain acetaminophen without talking to your healthcare provider. Too much acetaminophen may cause liver damage. Prescription pain medicine may cause constipation. Ask your healthcare provider how to prevent or treat constipation.**
- **Take your medicine as directed. Contact your healthcare provider if you think your medicine is not helping or if you have side effects. Tell him of her if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.**

Coordinated Health Imaging

www.coordinatedhealth.com
(610) 861-8080

PATIENT: Fonzone, Jo Ann
2242 W Tilghman St
Allentown, PA 18104

AGE/SEX/DOB: 58 yrs F 19-Jul-1958
MRN: 0050341

Results

Imaging Accession #: TW171135580
Referring Provider: Jaeger,Randy
Performing Location: Allentown Clinic

Study Date: 10/6/2016 12:00:00PM

Resulted: 10/12/2016 7:17:00AM
Verified By: <Verification Not Required>
Auto Verify: Y

Stage: **Final**

MR Cervical Spine

PM encounter Number 789350560 on 10-06-2016 12:00
Referred by Randy Jaeger

Body Site: Cervical

Test

MRI of the cervical spine without contrast

HISTORY: Neck pain and right shoulder pain; injury on October 6, 2010; victim of aggravated assault with trauma to the chest, head and right shoulder

TECHNIQUE: Multiplanar and multisequence MR images of the cervical spine were obtained at 1.5 Tesla without intravenous contrast.

CONTRAST: None

COMPARISON: Radiograph of the cervical spine dated 9/26/2016

FINDINGS:
There is mild to moderate reversal of expected cervical lordosis. There is disc degeneration, with loss of disc signal intensity and height at multiple levels, most pronounced at C4-C5, C5-C6 and C6-C7. On the fluid sensitive images, there is a rounded area of predominantly high signal intensity noted within the C3 vertebral body centrally into the right of midline, with peripheral high signal intensity noted on the T1 and T2-weighted images, suggestive of an intraosseous hemangioma.

There is mild to moderate endplate marrow edema at the inferior endplate of C6 and superior endplate of C7. There is mild diffuse

Test

narrowing of the cervical spinal canal and neural foramina, in part on a congenital basis due to congenitally short pedicles. The spinal canal measures as follows in anteroposterior dimension: 10.7 mm at the level of C3, 8.7 mm at the level of C4, 8.8 mm at the level of C5 and 8.2 mm at the level of C6. There is indentation of the cord at multiple levels, without definite cord edema. The cervicomedullary junction is unremarkable.

The vertebral arteries are slightly tortuous in course. There is a dominant right vertebral artery.

At C2-C3, there is a minimal disc bulge. There is moderate to moderate/severe facet arthropathy on the left and mild facet arthropathy and the right. The spinal canal is patent. The right neural foramen is patent. There is mild narrowing of the left neural foramen.
At C3-C4, there is 1 to 2 mm of anterolisthesis of C3 on C4. There is a small broad-based disc protrusion, with marginal disc osteophyte extending into the neural foramina. There is mild to moderate facet arthropathy more pronounced on the right. The spinal canal is patent. There is mild to moderate uncovertebral degeneration, more pronounced on the right. There is moderate to severe narrowing of the right neural foramen, with probable abutment/indentation of the exiting right C4 nerve root. There is mild narrowing of the left neural foramen.
At C4-C5, there is 2 to 3 mm of retrolisthesis of C4 on C5. There is a small to moderate broad-based disc protrusion effacing the ventral CSF space and approximating the volar margin of the cord. There is minimal to mild narrowing of the spinal canal. There is moderate to moderate/marked uncovertebral degeneration, more pronounced on the right. There is mild facet arthropathy and mild thickening of the ligamentum flavum. There is severe narrowing of the right neural foramen, and moderate to severe narrowing of the left neural foramen. There is abutment/indentation of the exiting right C5 nerve root, and abutment of the exiting left C5 nerve root.
At C5-C6, there is 1 mm retrolisthesis of C5 on C6. There is a small to moderate broad-based disc/disc osteophyte, with extension into the neural foramina bilaterally, eccentric towards the right paracentral region. This effaces the ventral CSF space with minimal narrowing of the spinal canal. There is moderate to marked uncovertebral degeneration. There is minimal facet arthropathy. There is severe narrowing/near-complete obliteration of the right neural foramen and severe narrowing of the left neural foramen, with probable abutment/indentation of the exiting right and left C6 nerve roots.
At C6-C7, there is 1 to 2 mm of retrolisthesis of C6 on C7. There is a moderate-sized broad-based disc protrusion extending into the right and left paracentral regions, with mild inferior migration on the left. The disc effaces the ventral CSF space and abuts/indents the cord (series 6 image 17), with no definite cord edema. There is mild thickening of the ligamentum flavum. These factors result in moderate narrowing of the spinal canal. There is severe narrowing of the neural foramina bilaterally, with indentation of the exiting right and left C7 nerve roots in the neural foramina.
At C7-T1, there is 1 mm retrolisthesis of C7 on T1. There is a small disc bulge extending into the neural foramina bilaterally. The spinal

Patient: **Fonzone, Jo Ann** **Study Date:** **10/6/2016 12:00:00PM**

MRN: **0050341**

Test

canal is patent. There is minimal narrowing of the right neural foramen and minimal to mild narrowing of the left neural foramen. There may be minimal abutment of the exiting left C8 nerve root.
At T1-T2, there is a small disc protrusion in the right paracentral region extending into the right neural foramen. There is minimal to mild narrowing of the right neural foramen. The left neural foramen is patent.
At T2-T3, the spinal canal and neural foramina are patent.

IMPRESSION:
1. Mild to moderate reversal of expected cervical lordosis. This may be positional, or may be seen with muscle spasm.

2. Mild diffuse narrowing of the cervical spinal canal and neural foramina, in part on a congenital basis. Superimposed multilevel degenerative disc disease, most pronounced at the following levels:
C2-C3: Mild narrowing of the left neural foramen.
C3-C4: Small broad-based disc protrusion with marginal disc osteophyte. Moderate to severe narrowing of the right neural foramen, with probable abutment/indentation of the exiting right C4 nerve root. Mild narrowing of the left neural foramen.
C4-C5: Small to moderate broad-based disc protrusion with minimal to mild narrowing of the spinal canal. Severe narrowing of the right neural foramen and moderate to severe narrowing of the left neural foramen. Abutment/indentation of the exiting right C5 nerve root, and abutment of the exiting left C5 nerve root.
C5-C6: Small to moderate broad-based disc/disc osteophyte with extension into the neural foramina bilaterally. Severe narrowing/near-complete obliteration of the right neural foramen and severe narrowing of the left neural foramen, with probable abutment/indentation of the exiting right and left C6 nerve roots.
C6-C7: Moderate-sized broad-based disc protrusion extending into the right and left paracentral regions. Disc abuts/indents the cord, without definite cord edema. Moderate narrowing of the spinal canal. Severe narrowing of the neural foramina bilaterally, with indentation of the exiting right and left C7 nerve roots in the neural foramina.
C7-T1: Small disc bulge with possible minimal abutment of the exiting left C8 nerve root.

3. Slightly tortuous course of the vertebral arteries. Correlate with underlying risk factors (i.e. hypertension).

4. Facet arthropathy most pronounced at C2-C3, C3-C4 and C4-C5.

Electronically signed and dictated by: Amit Malhotra MD
Signed on: 10/12/2016 7:14 AM EDT

Dictated by: Amit Malhotra MD

Result Electronically Signed By: Amit Malhotra MD at 10-12-2016 07:14

Coordinated Health
www.coordinatedhealth.com
(877) 247-8080

PATIENT: Jo Ann Fonzone
2242 W Tilghman St

Allentown, PA 18104
ENC DATE: 10/19/2016 11:15AM
PROVIDER: Brian Goldberg M.D.

MRN: 0050341
DOB: 07/19/1958

Chief Complaint

Patient presents with neck pain.

Vitals

	Recorded: 19Oct2016 10:12AM
Height	5 ft 6 in
Weight	117 lb
BMI Calculated	18.88
BSA Calculated	1.59
Systolic	110
Diastolic	68
Heart Rate	76
Respiration	16
Pain Scale	05

Review of Systems

General: no recent unexplained changes in weight, no unexplained fevers, no night sweats, no weakness or fatigue, no loss of appetite, no immune deficiencies, no trouble sleeping and no daytime sleepiness
Musculo-skeletal: joint pain and history of back pain, but no joint swelling, no muscle pain, no muscle cramps and no trouble walking
Skin: no rashes, no changes in skin, no changes in nails, no changes in hair and no non-healing sores
Head: no frequent headaches
Eyes: no eye pain (discomfort), no double vision and no blurred vision
Ears, Nose & Throat: no ringing in the ears, no ear pain, no nasal discharge, no nasal bleeding, no sinus pain, no soreness, no hoarseness, no difficulty swallowing, no dry mouth and no snoring
Respiratory: no chest pain, no wheezing, no cough, no history of tuberculosis, no history of smoking, no shortness of breath/difficulty breathing and no history of pneumonia
Hematological / Lymphatic: no swollen glands and does not bruise easily
Neurological: anxiety, but no fainting or blackouts, no history of seizures, no memory loss, no numbness, no tingling, no loss of bladder control, no loss of bowel control, no mood swings and no depression
Cardiovascular: history of heart problems, but no high blood pressure, no low blood pressure, no chest pain or palpitations, no shortness of breath with normal activities, no dizziness, no loss of consciousness, no leg swelling and no lightheadedness
Gastrointestinal: no abdominal pain, no frequent diarrhea, no constipation, no heartburn, no unexplained nausea or vomiting, no history of hepatitis, no ulcers, no change in appetite and no dark or bloody stool
Urinary: no frequent urination, no painful urination, no urinary infections, no urinary urgency, no blood in urine, no urinary incontinence and does not get up at night to urinate
Endocrine: no history of thyroid problems, no heat intolerance, no cold intolerance, no excessive sweating, no recent increased thirst, no recent increased appetite and no tremors
Integumentary / Breasts: no nodules, no changes in moles or freckles, no changes in hair growth, loss, texture, no breast or nipple discharge and no breast pain

Mobility Matters: has no problems with bathing, dressing or eating, has no problems with light household tasks, has no difficulty climbing stairs, does not get short of breath doing certain tasks, has not fallen in the last 6 months, does not use an assistive device to walk and does not feel unsteady on their feet
Special Needs: The patient denies any special needs related to communication, learning or any other area.
Abuse/Neglect Screen: Feels comfortable and safe. Patient shows no signs of neglect.

Past Medical History
- History of Anxiety (300.00) (F41.9)
- History of Atrial fibrillation (427.31) (I48.91)
- History of low back pain (V13.59) (Z87.39)
- History of Post-traumatic stress (309.81) (F43.10)

Surgical History
- History of Hemilaminectomy
- History of Laminectomy Lumbar

Social History
- Never a smoker
- Occupation
  - lawyer
- Social alcohol use (Z78.9)

Family History
- Family history of Acute Myocardial Infarction (V17.3) : Father
- Family history of Hypertension (V17.49) : Mother

End of Encounter Meds
- Advil TABS; TAKE 1 TABLET EVERY 8 HOURS AS NEEDED;
  Therapy: (Recorded:10Nov2011) to Recorded
- Eliquis 5 MG Oral Tablet; one tablet twice daily;
  Therapy: (Recorded:04Mar2016) to Recorded
- Lidocaine 5 % External Ointment; APPLY 4 INCH Every 8 hours PRN;
  Therapy: 25Apr2016 to (Last Rx:21Jul2016) Requested for: 21Jul2016
  Ordered
- Methocarbamol 750 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME AS NEEDED;
  Therapy: 26Sep2016 to (Evaluate:07Nov2016) Requested for: 26Sep2016;
  Last Rx:26Sep2016 Ordered
- Multi Vitamin/Minerals Oral Tablet; TAKE 1 TABLET DAILY;
  Therapy: (Recorded:10Nov2011) to Recorded
- Propafenone HCl ER 325 MG Oral Capsule Extended Release 12 Hour;
  TAKE 1 CAPSULE Daily;
  Therapy: (Recorded:14Mar2016) to Recorded
- Propafenone HCl ER 425 MG Oral Capsule Extended Release 12 Hour;
  TAKE 1 CAPSULE Daily;
  Therapy: (Recorded:14Mar2016) to Recorded

Allergies
- Codeine Derivatives
  Recorded By: Hicks, Clorissa; 11/10/2011 9:15:34 AM
- Penicillins

PATIENT: Jo Ann Fonzone
ENC DATE: 10/19/2016 11:15AM MRN: 0050341

Recorded By: Hicks, Clorissa; 11/10/2011 9:15:34 AM

HPI (Subjective)

Jo Ann Fonzone is a 58 year old female who presents today in consultation for neck and upper back pain. Jo Ann was referred by Dr. Jaeger whose notes I reviewed. The pain extends as far distally as the both shoulders, forearm on the right , the elbow on the right, the wrist on the right, the fingers of the right hand. The patient describes the pain as burning, sharp and shooting. She states the symptoms are constant. Associated symptoms include numbness and tingling in right arm, bladder incontinence and weakness in right arm, but denies bowel incontinence. Jo Ann has experienced pain since 6 year(s) ago and but the symptoms have been worse over the past several month(s). Relieving factors include. No relieving factors are noted. Aggravating factors include turning neck. Jo Ann Fonzone was seen at Coordinated Health Back and Neck Center in 2016 with Dr. Stoll for costochondritis. Past evaluation has included:. Orthopedic evaluation by Dr. Jaeger who felt that pain was more from Cspine than R shoulder after reviewing MRI shoulder which showed RTC tendonitis without tear. Past treatment has included. Corticosteroids: medrol dose pak 9/26/16. Physical Therapy: 2016. The use of physical therapy was effective for pain relief. Right shoulder steroid injection: 10/12/16. The use of a right shoulder steroid injection was effective for pain relief.

Physical Exam (Objective)

Constitutional: Well developed, well nourished, in no acute distress and healthy appearing.
Psychiatric: Alert and oriented x 3.
Gait/Gross Motor: Normal gait.
Eyes: Normal eye alignment.
HENT: Normocephalic, atraumatic head. The patient's neck is supple.
Respiratory: Equal chest expansion.
GI: Abdomen is soft, non-tender to palpation.
Cardiovascular: Heart demonstrates regular rate and rhythm. Radial pulses are symmetrically intact. There is no edema noted in the extremities.
Lymphatic: No lymphadenopathy.
Skin Inspection: No abnormalities.
Spine: Decreased cervical lordosis. Bilateral trapezius tenderness, spasm and trigger point. Bilateral cervical paraspinal tenderness and spasm. decreased flexion, is painful, decreased extension, is painful, decreased rotation, decreased rotation at 30-40 degrees.
Right shoulder[1] decreased range of motion 90 deg IR[1] , positive Hawkin's test[1] and positive Neer's test[1] . 2/4 reflexes in all major groups on the right and on the left. Sensation is intact to light touch bilateral upper extremities in all dermatomes.
negative Hoffman's test bilaterally Absent ankle clonus on the right. Absent ankle clonus on the left.
Motor strength is 5/5 in all muscle groups.
Positive Spurling's test on the right and negative Sprulings on the left.
Cranial Nerves: Cranial nerves II to XII intact.

[1] Amended By: Goldberg, Brian; Oct 19 2016 11:07 AM EST

Results/Data

Diagnostics. The images and reports of the patient's diagnostic studies were reviewed.
MRI Internal Findings: 2016 MRI Cspine showed reversal of lordosis, multilevel DDD, advanced L sided facet DJD C2-3, C3-4 disc protrusion and facet DJD with mod-sev R NF stenosis, C4-5 disc protrusion and advanced uncovertebral DJD with severe R and mod-sev L NF stenosis, C5-6 disc osteophyte complex and advanced uncovertebral DJD with severe R>L NF stenosis, C6-7 disc protrusion with mod central and severe bilateral NF stenosis.

Procedure

Coordinated Health
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PATIENT: Jo Ann Fonzone
2242 W Tilghman St

Allentown, PA 18104
ENC DATE: 11/02/2016 10:45AM
PROVIDER: Brian Goldberg M.D.

MRN: 0050341
DOB: 07/19/1958

Chief Complaint

Patient presents with neck pain.

Vitals

	Recorded: 02Nov2016 10:49AM
Height	5 ft 6 in
Weight	117 lb
BMI Calculated	18.88
BSA Calculated	1.59
Systolic	116
Diastolic	78
Heart Rate	76
Respiration	16
Pain Scale	08

Review of Systems

General: no recent unexplained changes in weight, no unexplained fevers, no night sweats, no weakness or fatigue, no loss of appetite, no immune deficiencies, no trouble sleeping and no daytime sleepiness
Musculo-skeletal: joint pain and history of back pain, but no joint swelling, no muscle pain, no muscle cramps and no trouble walking
Skin: no rashes, no changes in skin, no changes in nails, no changes in hair and no non-healing sores
Head: no frequent headaches
Eyes: no eye pain (discomfort), no double vision and no blurred vision
Ears, Nose & Throat: no ringing in the ears, no ear pain, no nasal discharge, no nasal bleeding, no sinus pain, no soreness, no hoarseness, no difficulty swallowing, no dry mouth and no snoring
Respiratory: no chest pain, no wheezing, no cough, no history of tuberculosis, no history of smoking, no shortness of breath/difficulty breathing and no history of pneumonia
Hematological / Lymphatic: no swollen glands and does not bruise easily
Neurological: anxiety, but no fainting or blackouts, no history of seizures, no memory loss, no numbness, no tingling, no loss of bladder control, no loss of bowel control, no mood swings and no depression
Cardiovascular: history of heart problems, but no high blood pressure, no low blood pressure, no chest pain or palpitations, no shortness of breath with normal activities, no dizziness, no loss of consciousness, no leg swelling and no lightheadedness
Gastrointestinal: no abdominal pain, no frequent diarrhea, no constipation, no heartburn, no unexplained nausea or vomiting, no history of hepatitis, no ulcers, no change in appetite and no dark or bloody stool
Urinary: no frequent urination, no painful urination, no urinary infections, no urinary urgency, no blood in urine, no urinary incontinence and does not get up at night to urinate
Endocrine: no history of thyroid problems, no heat intolerance, no cold intolerance, no excessive sweating, no recent increased thirst, no recent increased appetite and no tremors
Integumentary / Breasts: no nodules, no changes in moles or freckles, no changes in hair growth, loss, texture, no breast or nipple discharge and no breast pain

PATIENT: Jo Ann Fonzone
ENC DATE: 11/02/2016 10:45AM MRN: 0050341

Recorded By: Hicks, Clorissa; 11/10/2011 9:15:34 AM

HPI (Subjective)

Jo Ann Fonzone is a 58 year old female who is here for a follow-up visit for neck and upper back pain. The patient notes decreased pain following trigger point injections bilateral trapezius . The symptoms are constant. Patient reports short term relief from TPIs. Pain in neck into upper back and down the RUE.

Physical Exam (Objective)

Constitutional: Well developed, well nourished, in no acute distress and healthy appearing.
Psychiatric: Alert and oriented x 3.
Gait/Gross Motor: Normal gait.
Eyes: Normal eye alignment.
HENT: Normocephalic, atraumatic head. The patient's neck is supple.
Respiratory: Equal chest expansion.
GI: Abdomen is soft, non-tender to palpation.
Cardiovascular:. Heart demonstrates regular rate and rhythm. Radial pulses are symmetrically intact. There is no edema noted in the extremities.
Lymphatic: No lymphadenopathy.
Skin Inspection: No abnormalities.
Spine: Decreased cervical lordosis. Bilateral trapezius tenderness, spasm and trigger point. Bilateral cervical paraspinal tenderness and spasm. Bilateral rhomboid tenderness, spasm and trigger point. decreased flexion, is painful, decreased extension, is painful, decreased rotation, decreased rotation at 30-40 degrees.
Right shoulder decreased range of motion 90 deg IR, positive Hawkin's test and positive Neer's test.
2/4 reflexes in all major groups on the right and on the left. Sensation is intact to light touch bilateral upper extremities in all dermatomes.
negative Hoffman's test bilaterally Absent ankle clonus on the right. Absent ankle clonus on the left.
Motor strength is 5/5 in all muscle groups.
Positive Spurling's test on the right and negative Sprulings on the left.
Cranial Nerves: Cranial nerves II to XII intact.

Procedure

The risks and benefits of a trigger point injection were reviewed with the patient which include but are not limited to bleeding, infection and medication side-effects. Using sterile technique and a 22-gauge 1.5inch needle, 1 cc of 1% Lidocaine was injected in a fan-like distribution to each of the trigger point. The patient tolerated the procedure well, hemostasis was easily achieved and a bandaid was placed at each injection site. The patient may use ice for 15-20minutes 3x/daily later if there is any local soreness.
PRE-PROCEDURE VERIFICATION AND SITE MARKING: I certify that I have completed all pre-procedure verification and site marking steps prior to the patient's procedure being performed today as follows: the patient was identified using a minimum of two patient identifiers, the procedure was verified with the patient and consent was obtained, and the correct site was verified with the patient and site marking were performed. Performed by: 11/02/2016 / 11:06 AM
PROCEDURAL TIME OUT: I certify that I have completed all procedural time out steps prior to the patient's procedure being performed today as follows: the patient was identified using a minimum of two patient identifiers, verification of the correct site and side of the procedure, verification that a site marking is present, all staff present is in agreement of the procedure to be performed, verification of pertinent History and Physical information, verification of allergies, verification of the use of antibiotics if necessary, verification of the availability of the necessary equipment/supplies. Performed by: 11/02/2016 / 11:06 AM

Trigger Point Injections: Trigger points were identified in bilateral trapezius, bilateral rhomboids (4 muscles total)

Assessment

1. Neck pain (723.1) (M54.2)
2. Herniated nucleus pulposus, C6-7 (722.0) (M50.223)
3. Cervical spinal stenosis (723.0) (M48.02)

Plan

Cervical spinal stenosis, Herniated nucleus pulposus, C6-7, Neck pain, Right cervical radiculopathy

- Follow-up visit - Post op Outpatient Follow-up 2 weeks after ESI Status: Hold For - Scheduling Requested for: 02Nov2016

Discussion/Summary

Cervical epidural steroid injection: The risks and benefits of the procedure were reviewed with the patient which include but are not limited to bleeding, infection, nerve damage, dural puncture, increasing symptoms and medication side effects. The patient wished to proceed. R C7 T1 ILESI-obtain cardiology clearance to stop Eliquis 5 days pre-ESI.
Schedule neck epidural injection
follow up 2 weeks after injection
hold Eliquis 5 days before injection.

Signatures

Electronically signed by : Brian Goldberg, M.D.; Nov 2 2016 11:07AM EST (Author)

Patient: Fonzone, Jo Ann
MRN: 0050341

Study Date: 10/6/2016 12:00:00PM

Test

narrowing of the cervical spinal canal and neural foramina, in part on a congenital basis due to congenitally short pedicles. The spinal canal measures as follows in anteroposterior dimension: 10.7 mm at the level of C3, 8.7 mm at the level of C4, 8.8 mm at the level of C5 and 8.2 mm at the level of C6. There is indentation of the cord at multiple levels, without definite cord edema. The cervicomedullary junction is unremarkable.

The vertebral arteries are slightly tortuous in course. There is a dominant right vertebral artery.

At C2-C3, there is a minimal disc bulge. There is moderate to moderate/severe facet arthropathy on the left and mild facet arthropathy and the right. The spinal canal is patent. The right neural foramen is patent. There is mild narrowing of the left neural foramen.
At C3-C4, there is 1 to 2 mm of anterolisthesis of C3 on C4. There is a small broad-based disc protrusion, with marginal disc osteophyte extending into the neural foramina. There is mild to moderate facet arthropathy more pronounced on the right. The spinal canal is patent. There is mild to moderate uncovertebral degeneration, more pronounced on the right. There is moderate to severe narrowing of the right neural foramen, with probable abutment/indentation of the exiting right C4 nerve root. There is mild narrowing of the left neural foramen.
At C4-C5, there is 2 to 3 mm of retrolisthesis of C4 on C5. There is a small to moderate broad-based disc protrusion effacing the ventral CSF space and approximating the volar margin of the cord. There is minimal to mild narrowing of the spinal canal. There is moderate to moderate/marked uncovertebral degeneration, more pronounced on the right. There is mild facet arthropathy and mild thickening of the ligamentum flavum. There is severe narrowing of the right neural foramen, and moderate to severe narrowing of the left neural foramen. There is abutment/indentation of the exiting right C5 nerve root, and abutment of the exiting left C5 nerve root.
At C5-C6, there is 1 mm retrolisthesis of C5 on C6. There is a small to moderate broad-based disc/disc osteophyte, with extension into the neural foramina bilaterally, eccentric towards the right paracentral region. This effaces the ventral CSF space with minimal narrowing of the spinal canal. There is moderate to marked uncovertebral degeneration. There is minimal facet arthropathy. There is severe narrowing/near-complete obliteration of the right neural foramen and severe narrowing of the left neural foramen, with probable abutment/indentation of the exiting right and left C6 nerve roots.
At C6-C7, there is 1 to 2 mm of retrolisthesis of C6 on C7. There is a moderate-sized broad-based disc protrusion extending into the right and left paracentral regions, with mild inferior migration on the left. The disc effaces the ventral CSF space and abuts/indents the cord (series 6 image 17), with no definite cord edema. There is mild thickening of the ligamentum flavum. These factors result in moderate narrowing of the spinal canal. There is severe narrowing of the neural foramina bilaterally, with indentation of the exiting right and left C7 nerve roots in the neural foramina.
At C7-T1, there is 1 mm retrolisthesis of C7 on T1. There is a small disc bulge extending into the neural foramina bilaterally. The spinal

Patient: **Fonzone, Jo Ann** **Study Date:** **10/6/2016 12:00:00PM**
MRN: **0050341**

Test

canal is patent. There is minimal narrowing of the right neural foramen and minimal to mild narrowing of the left neural foramen. There may be minimal abutment of the exiting left C8 nerve root.
At T1-T2, there is a small disc protrusion in the right paracentral region extending into the right neural foramen. There is minimal to mild narrowing of the right neural foramen. The left neural foramen is patent.
At T2-T3, the spinal canal and neural foramina are patent.

IMPRESSION:
1. Mild to moderate reversal of expected cervical lordosis. This may be positional, or may be seen with muscle spasm.

2. Mild diffuse narrowing of the cervical spinal canal and neural foramina, in part on a congenital basis. Superimposed multilevel degenerative disc disease, most pronounced at the following levels:
C2-C3: Mild narrowing of the left neural foramen.
C3-C4: Small broad-based disc protrusion with marginal disc osteophyte. Moderate to severe narrowing of the right neural foramen, with probable abutment/indentation of the exiting right C4 nerve root. Mild narrowing of the left neural foramen.
C4-C5: Small to moderate broad-based disc protrusion with minimal to mild narrowing of the spinal canal. Severe narrowing of the right neural foramen and moderate to severe narrowing of the left neural foramen. Abutment/indentation of the exiting right C5 nerve root, and abutment of the exiting left C5 nerve root.
C5-C6: Small to moderate broad-based disc/disc osteophyte with extension into the neural foramina bilaterally. Severe narrowing/near-complete obliteration of the right neural foramen and severe narrowing of the left neural foramen, with probable abutment/indentation of the exiting right and left C6 nerve roots.
C6-C7: Moderate-sized broad-based disc protrusion extending into the right and left paracentral regions. Disc abuts/indents the cord, without definite cord edema. Moderate narrowing of the spinal canal. Severe narrowing of the neural foramina bilaterally, with indentation of the exiting right and left C7 nerve roots in the neural foramina.
C7-T1: Small disc bulge with possible minimal abutment of the exiting left C8 nerve root.

3. Slightly tortuous course of the vertebral arteries. Correlate with underlying risk factors (i.e. hypertension).

4. Facet arthropathy most pronounced at C2-C3, C3-C4 and C4-C5.

Electronically signed and dictated by: Amit Malhotra MD
Signed on: 10/12/2016 7:14 AM EDT

Dictated by: Amit Malhotra MD

Result Electronically Signed By: Amit Malhotra MD at 10-12-2016 07:14

Coordinated Health

2775 Schoenersville Road
Bethlehem,PA 18017
(610) 861-8080

Patient: Fonzone, Jo Ann
2242 W Tilghman St
Allentown, PA 18104

Age/Sex/DOB: 58 yrs F 19-Jul-1958
EMRN: 0050341
OMRN: 0050341
Home: (484) 274-8975
Work:

Results

Lab Accession # TW187607990
Ordering Provider: Wagener,Christopher
Performing Location: Allentown Clinic

Collected: 4/12/2017 11:00:00AM
Resulted: 4/19/2017 11:58:00AM
Verified By: <Verification Not Required>
Auto Verify: Y

CT CS

Stage: Final

PM encounter Number 794211100 on 04-12-2017 11:00
Referred by Christopher Wagener

Body Site: Cervical

Test	Result	Units	Flag	Reference Range

CT CS

COMPUTED TOMOGRAPHY OF THE CERVICAL SPINE

CLINICAL HISTORY: 58-year-old female presenting with chronic neck pain. Right cervical radiculopathy

TECHNIQUE: Axial computed tomography of the cervical spine was obtained using soft tissue and bone algorithms without the administration of intravenous contrast. Sagittal and coronal reformations are provided for review.

COMPARISON: MRI of the cervical spine dated 10/6/2016

FINDINGS:

There is no acute osseous abnormality. Vertebral body heights are maintained. There is straightening of the normal cervical lordosis with mild reversal centered upon the C5-C6 level. There is trace C3-C4 anterolisthesis. There is 2 mm C5-C6 and to millimeters C6-C7 retrolisthesis. Multilevel degenerative disc disease is present with disc space narrowing and plate remodeling and anterior osteophytes. Posterior endplate osseous perforation is additionally noted. Degenerative disc disease is most pronounced at the C4-C5, C5-C6 and C6-C7 levels.

Occiput to C2: Occipitoatlantal and atlantodental alignment are preserved. There is no central canal stenosis.

At C2-C3, there is no central canal stenosis. There is moderate left facet arthropathy with mild left foraminal narrowing..

DEMOGRAPHICS

Fonzone, Jo Ann C

Female | 7/19/1958 (63 yrs) | xxx-xx-xxxx | MRN: 00194191

Demographics
631 Primrose Ln
Allentown, PA 18104-4683

Home: 484-773-8056, ok to leave msg
Work:
Mobile: , **ok to leave msg**
Email: Jo76erjo@aol.com

Additional Demographics

PCP: Timothy C Salkauskis, MD (G*

Employment: Disabled Veteran JAG

MyChart signup: Pending

Patient Contacts
Glenna Fonzone (Mother)
610-217-5691

Showing 1 of 1

✔ Verified | Change Status

Verified until 10/31/2021

GUARANTORS & COVERAGES

Add Guarantor

P/F Fonzone,Jo Ann C [70472]

LVSA

☐ Show all cvgs Add Coverage

Guarantor Demographics
Address linked to patient

Home: 484-773-8056
Work: 212-258-6000
Employment: Disabled

Rel to patient: Self

Additional Info

Prof acct balance: 0.00

Hosp acct balance: 0.00

Add Account Note

✔ Verified | Change Status

Verified until 10/31/2021

1. E-GATEWAY/GATEWAY HEALTH*

Response History

ADDITIONAL INFO

Documents

Type	Description	Status	Date Received	Location
HIPAA NOP		Offered	09/12/2019	
HIPAA NOP	CC LVPG NEURO	Offered	09/13/2019	
HIPAA NOP	CCNE LVPG NEUROLOGY	Offered	03/20/2020	
PB Consent f		Not Recv		

Fonzone, Jo Ann C

MRN: 00194191

Office Visit 3/25/2022
LVPG Neurology - Muhlenberg

Provider: Susan K Newhart, CRNP (Neurology)
Primary diagnosis: Intractable chronic migraine without aura and without status migrainosus
Reason for Visit: Follow-up

Progress Notes

Susan K Newhart, CRNP (Nurse Practitioner) • Neurology

Subjective:

Jo Ann C Fonzone presents for follow-up of migraines. She is unaccompanied today. She saw Dr. Koss 7/24/2020. Last seen by me 11/29/2021.

At her last visit, the patient complained of worsening severity of migraines and right-sided tinnitus (patient had acute hearing loss in 2019) therefore updated brain MRI with IAC was ordered. She was recommended to start Nurtec 75 mg every other day for headache prevention, sumatriptan for acute headache treatment.

Interval history:
Brain MRI with IAC was unremarkable. Nurtec not effective. Sumatriptan effective to abort headaches.
No changes to migraine characteristics, she denies new neurologic symptoms.
Migraines are right side greater than left where she suffered head trauma in 2010. Headaches are throbbing/stabbing with associated photophobia. With severe migraines tinnitus will be worse.
She is interested in Botox.

Headache Template
Headache type CM, postconcussive
Frequency/month: Approximately 15 HA days per month,
Duration w abortive: hours
Duration without abortive: days
Patterns to headache: varies
Time to peak pain: 3-5 hours
Character of pain: steady, throbbing, stabbing
Usual location: temple ear jaw
Pain severity level: 4-10
Disability with pain: discontinue everything except whats important
Autonomic features:,sensitivity to light and sound, ringing in ears, irritability, eye-tearing
Associated symptoms
Triggers to headache bending your head over, flickering or bright lights, stress, weather, computer, reading
Aura no
Caffeine consumed 1 cup per day rarely
Alcohol rarely
Effects of exertion Worse with exertion
Overall since last seen
Reason for above
How many hours of sleep How many hours of sleep do you get each night? varies due to pain in neck and shoulder
Sleep Wake up refreshed? some days

Previously Tried Medications:
Dilantin- for seizures
Ativan- helpful for sleep
Darvocet- helpful for spine pain
Demerol-spine pain
Dilaudid-spine pain
Aleve- helps HA
Motrin- helps HA
Toradol- helpful for joint pain
Vioxx-helpful for neck pain
Tylenol- helps
Excedrin- helps
Prozac- in past
Asthma, low BP
ONB's, TPI's help
Topamax- side effects, increased headaches.
Aimovig- didn't help
Nurtec- no help
Sumatriptan- helps somewhat

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:

Diagnosis	Date
• Anxiety	
• Broken wrist	
• Cervical radiculopathy	
• Concussion	
• Headache	
• Hyperinflation of lungs *per patient*	
• Low back pain	
• Paroxysmal atrial fibrillation (HCC)	10/06/2010
• PBA (pseudobulbar affect)	
• Pericardial effusion	
• PTSD (post-traumatic stress disorder)	
• Shoulder pain, right	
• Subdural hematoma (HCC)	
• Thoracoabdominal aortic aneurysm (TAAA) without rupture (HCC)	
• TOS (thoracic outlet syndrome)	

Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		
• BACK SURGERY *Hemilaminectomy*		
• CERVICAL DISCECTOMY		07/2017

- CERVICAL DISCECTOMY
  Ant Spinal Diskectomy, osteophytectomy Addl Cervical interspace
- LAMINECTOMY
- LUMBAR LAMINECTOMY

Social History

Socioeconomic History

• Marital status:	Legally Separated
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

• Occupation:	lawyer

Tobacco Use

• Smoking status:	Former Smoker
Packs/day:	0.25
Quit date:	2/1/2006
Years since quitting:	16.1
• Smokeless tobacco:	Never Used

Vaping Use

• Vaping Use:	Never used

Substance and Sexual Activity

• Alcohol use:	Yes
Comment: rarely	
• Drug use:	No
• Sexual activity:	Not Currently

Other Topics	Concern
• Seat Belt	Not Asked
• Bike Helmet	Not Asked
• Blood Transfusions	Not Asked
• Special Diet	Not Asked
• Exercise	Not Asked
• Military Service	Not Asked
• Sleep Concern	Not Asked
• Stress Concern	Not Asked
• Weight Concern	Not Asked
• Breast Self-Exams	Not Asked
• Health Club Member	Not Asked
• Hobbies/Activities	Not Asked
• Sun Exposure	Not Asked
• Guns at Home	Not Asked

- Smoke Detectors at home: Yes
- Carbon Monoxide Detectors at home: Not Asked
- Radon in the house?: Not Asked
- Dental Care: Not Asked
- Violence in the home: Not Asked
- HIV Screening: Not Asked
- Bike Helmet: Not Asked
- Safe at home: Yes
- Seat Belt: Yes
- Exercise: No
- Blood Transfusions: No
- Special Diet: No
- Have tattoos: Not Asked
- Caffeine Concern: Not Asked
- Travel outside U.S.: Not Asked
- Lives alone: Not Asked
- Military Service: Not Asked

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
Food Insecurity: Not on file
Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file
Intimate Partner Violence: Not on file
Housing Stability: Not on file

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 325 MG tablet	Take 650 mg by mouth every 6 (six) hours as needed for mild pain (pain score 1-3).		
• albuterol (PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed for wheezing.	3 each	0
• aspirin 81 MG EC tablet	Take 81 mg by mouth daily.		
• clonazePAM (KlonoPIN) 1 MG tablet	Take 1 to 2 tabs PO qhs	60 tablet	0

• digoxin (LANOXIN) 125 mcg tablet	TAKE 1 TABLET BY MOUTH EVERY DAY	90 tablet	3
• lidocaine 5 % gel	Apply small to affected QID PRN	60 g	2
• multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap	Take 1 tablet by mouth daily.		
• NON FORMULARY	DMG supplement		
• propafenone (RYTHMOL SR) 325 MG 12 hr capsule	TAKE 1 CAPSULE BY MOUTH TWO TIMES DAILY	180 capsule	3
• PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL)	Take 2 tablets by mouth daily.		
• rimegepant (NURTEC ODT) 75 mg TbDL	Take 75 mg by mouth daily as needed (As needed for headache). Take one tab every other day for headache/migraine.	16 tablet	3
• SUMAtriptan (IMITREX) 25 MG tablet	TAKE 1 TABLET BY MOUTH AT ONSET OF HEADACHE, MAY REPEAT AFTER 2 HOURS. NOT TO EXCEED 4 TABLETS IN 24 HOURS	9 tablet	4
• tapentadoL (NUCYNTA) 50 mg tablet	Take 1 tablet (50 mg total) by mouth 3 (three) times a day as needed for severe pain (pain score 7-10). Max Daily Amount: 150 mg	90 tablet	0
• VITAMIN B COMPLEX ORAL	TAKE 1 TABLET DAILY		

No current facility-administered medications for this visit.

Review of Systems
14 point review of systems: Positives in HPI

Objective:
BP 116/78 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult) | Pulse 69 | Resp 14 | Ht 1.676 m (5' 6") | Wt 49.6 kg (109 lb 6.4 oz) | SpO2 97% | BMI 17.66 kg/m²
Neurologic Exam

Mental Status
Attention: normal. Concentration: normal.

Speech: speech is normal
Level of consciousness: alert

Cranial Nerves
Cranial nerves II through XII intact.

CN III, IV, VI
Pupils are equal, round, and reactive to light.
Extraocular motions are normal.

CN VII
Facial expression full, symmetric.

CN VIII
CN VIII normal.
Fundi normal

Motor Exam
Muscle bulk: normal
Overall muscle tone: normal
Right arm pronator drift: absent
Left arm pronator drift: absent

Strength
Strength 5/5 except as noted. **Right hand grip 4+/5**

Sensory Exam
Right arm light touch: decreased from fingers

Gait, Coordination, and Reflexes

Coordination
Finger to nose coordination: normal

Tremor
Resting tremor: absent

Reflexes
Reflexes 2+ except as noted.

Physical Exam
Vitals and nursing note reviewed.
HENT:
Head: Normocephalic and atraumatic.
Eyes:
Extraocular Movements: EOM normal.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.

Musculoskeletal:
Cervical back: Normal range of motion and neck supple.
Comments: **Right wrist splint** Neurological:
Coordination: Finger-Nose-Finger Test normal.
Skin:
General: Skin is warm and dry.
Psychiatric:
Mood and Affect: Mood and affect normal.
Speech: Speech normal.

Lab Results

Component	Value	Date
WBC	5.3	07/27/2021
HGB	12.5	07/27/2021
HCT	36.7	07/27/2021
MCV	96	07/27/2021
PLT	325	07/27/2021

Lab Results

Component	Value	Date
GLUCOSE	78	11/30/2021
BUN	11	11/30/2021
CREATININE	0.88	11/30/2021
CALCIUM	9.7	11/30/2021
NA	139	11/30/2021
K	4.7	11/30/2021
CO2	30	11/30/2021
CL	104	11/30/2021
ALKPHOS	61	07/27/2021
ALBUMIN	3.9	07/27/2021
BILITOT	0.3	07/27/2021
PROT	6.9	07/27/2021
AST	15	07/27/2021
ALT	16	07/27/2021
ANIONGAP	5	11/30/2021
GFRC	69	10/27/2020

Lab Results

Component	Value	Date
CHOL	172	09/06/2013
HDL	75	09/06/2013
LDLCALC	85	09/06/2013
TRIG	62	09/06/2013

Lab Results

Component	Value	Date
TSH	3.18	09/06/2013

Lab Results

Component	Value	Date
VITAMINB12	343	10/27/2020

Lab Results

Component	Value	Date
VTD	35	10/27/2020

Result

MRI BRAIN AND IAC WWO CONTRAST 12/17/2021 Status: Normal 8:36 AM

Impression
IMPRESSION: Normal examination. No pathologic signal or intracranial enhancement. Normal evaluation through the internal auditory canals.

Workstation:WR010130

Result

CT MAXILOFACIAL 09/07/2021 Status: Normal 1:29 PM

Impression
Impression: CT sinuses. Clear sinuses.

The nasal septum shows moderate leftward convex curvature estimated at 50 degrees. And at this site, the nasal septum contains a moderate 6 mm leftward bone projection, which appears to contact the uncinate process along the nasal cavity level.

No additional finding identified.

Workstation:WR010080

Assessment/Plan:

Problem List

Cardiovascular and Mediastinum
Intractable chronic migraine without aura - Primary
Current Assessment & Plan

The patient continues to have frequent migraines, right side greater than left where she suffered trauma in 2010.

Brain MRI with IAC have been unremarkable.

Clinical history is consistent with migraine. Frequency approximately 15 days/month meeting FDA criteria for preventative treatment.

The patient has tried and failed multiple oral medications including Nurtec and Aimovig injection. She is interested in Botox, we will pursue prior authorization and schedule the patient if she wishes to proceed with this treatment.

Continue sumatriptan for acute headache treatment.

Follow-up in 3 months.

Relevant Medications
ibuprofen (ADVIL,MOTRIN) 200 MG tablet
acetaminophen (TYLENOL) 325 MG tablet
tapentadol (NUCYNTA) 50 mg tablet
SUMAtriptan (IMITREX) 25 MG tablet
ropivacaine (PF) (NAROPIN) injection 18 mL (Completed) (Start on 3/20/2020 12:30 PM)

Instructions

Return in about 3 months (around 6/25/2022) for CRNP.

1. Start Botox every 3 months if insurance approves

2. Continue sumatriptan for acute headache treatment

3. Follow up in 3 month

After Visit Summary (Printed 3/25/2022)

Additional Documentation

Vitals:	BP 116/78 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Adult) Pulse 69 Resp 14 Ht 1.676 m (5' 6") Wt 49.6 kg (109 lb 6.4 oz) SpO2 97% BMI 17.66 kg/m^2 BSA 1.52 m^2
Flowsheets:	Vitals Reassessment
SmartForms:	LV AMB ENCOUNTER STICKY NOTE
Encounter Info:	Billing Info, History, Allergies, Detailed Report

Orders Placed

None

Medication Changes

As of 3/28/2022 8:14 AM

None

Medication List at End of Visit

As of 3/28/2022 8:14 AM

	Refills	Start Date	End Date
acetaminophen (TYLENOL) 325 MG tablet Take 650 mg by mouth every 6 (six) hours as needed for mild pain (pain score 1-3). - oral Patient-reported medication			
albuterol (PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA) 90 mcg/actuation inhaler Inhale 2 puffs every 6 (six) hours as needed for wheezing. - inhalation	0	9/9/2021	9/9/2022
aspirin 81 MG EC tablet Take 81 mg by mouth daily. - oral Patient-reported medication			
clonazePAM (KlonoPIN) 1 MG tablet Take 1 to 2 tabs PO qhs	0	2/27/2022	
digoxin (LANOXIN) 125 mcg tablet TAKE 1 TABLET BY MOUTH EVERY DAY	3	1/25/2022	
lidocaine 5 % gel Apply small to affected QID PRN	2	12/16/2021	
multivitamin no.44-vit D3-K (SOFTGELS MULTIVIT-A,B,D,E,K,ZN) 1,000-800 unit-mcg cap Take 1 tablet by mouth daily. - oral Patient-reported medication		6/7/2011	
NON FORMULARY DMG supplement Patient-reported medication			
propafenone (RYTHMOL SR) 325 MG 12 hr capsule TAKE 1 CAPSULE BY MOUTH TWO TIMES DAILY	3	11/15/2021	
PSYLLIUM SEED, WITH DEXTROSE, (FIBER ORAL) Take 2 tablets by mouth daily. - oral Patient-reported medication			
rimegepant (NURTEC ODT) 75 mg TbDL Take 75 mg by mouth daily as needed (As needed for headache). Take one tab every other day for headache/migraine. - oral Notes to Pharmacy: 16 tabs (two 8 packs) for a 32 day supply.	3	12/8/2021	
SUMAtriptan (IMITREX) 25 MG tablet TAKE 1 TABLET BY MOUTH AT ONSET OF HEADACHE, MAY REPEAT AFTER 2 HOURS. NOT TO EXCEED 4 TABLETS IN 24 HOURS	4	3/25/2022	
tapentadoL (NUCYNTA) 50 mg tablet Take 1 tablet (50 mg total) by mouth 3 (three) times a day as needed for severe pain (pain score 7-10). Max Daily Amount: 150 mg - oral	0	11/30/2021	
VITAMIN B COMPLEX ORAL			

Help for Tinnitus

Tinnitus is an auditory condition where a person hears a persistent ringing in their ears that is not generated by an external source. The sounds of ringing, whistling, hissing or buzzing can be experienced in one ear or both. According to the American Tinnitus Association, more than 60 million Americans struggle with tinnitus.

Tinnitus is a symptom of another health condition, such as an injury to the head or neck, ear infections, earwax, exposure to a loud noise, or medications. However, tinnitus can also accompany hearing loss.

There is currently no cure for tinnitus, however, our audiologists at Worth Hearing Center specialize in giving you targeted, individual solutions to help you combat your tinnitus. Our tinnitus specialist has had extensive training in helping tinnitus patients "retrain" how they hear the ringing in their ears.

Think of it this way: in your home, if you're near the kitchen and you focus on the refrigerator, you can hear it running. However, when you're accustomed to the sound, you don't hear it – that's how we help tinnitus patients not hear the sound as much. After completing a hearing test, your audiologist may suggest a course of action or refer you to an otolaryngologist for further solutions.

Blockages in the ear canal can cause pressure to build up in the inner ear, affecting the operation of the ear drum. Moreover, objects directly touching the ear drum can irritate the organ and cause the perception of tinnitus symptoms. Common obstructions include:

- Excessive ear wax (ceruminosis)
- Head congestion
- Loose hair from the ear canal
- Dirt or foreign objects

In many cases, the removal of the blockage will alleviate tinnitus symptoms. However, in some situations, the blockage may have caused permanent damage that leads to chronic tinnitus.

Head and Neck Trauma

Severe injury to the head or neck can cause nerve, blood flow, and muscle issues that result in the perception of tinnitus. Patients who ascribe their condition to head and neck trauma often report higher tinnitus volume and perceived burden, as well as greater variability in both sound, frequency, and location of their tinnitus.

Tinnitus related to head, neck, or dental issues is sometimes referred to as somatic tinnitus. ("Somatic" derives from the Greek somatikos, meaning "of the body.")

Temporomandibular Joint Disorder

Another example of somatic tinnitus is that caused by temporomandibular joint disorder. The temporomandibular joint (TMJ) is where the lower jaw connects to the skull, and is located in front of the ears. Damage to the muscles, ligaments, or cartilage in the TMJ can lead to tinnitus symptoms. The TMJ is adjacent to the auditory system and shares some ligaments and nerve connections with structures in the middle ear.

Tinnitus patients with a TMJ disorder will experience pain in the face and/or jaw, limited ability to move the jaw, and regular popping sounds while chewing or talking. A dentist, craniofacial surgeon, or other oral health professional can appropriately diagnose and often fix TMJ issues. In many scenarios, fixing the TMJ disorder will alleviate tinnitus symptoms.

Sinus Pressure and Barometric Trauma

Nasal congestion from a severe cold, flu, or sinus infection can create abnormal pressure in the middle ear, impacting normal hearing and causing tinnitus symptoms.

Acute barotrauma, caused by extreme or rapid changes in air or water pressure, can also damage the middle and inner ear. Potential sources of barotrauma include:

- Diving / Snorkeling / Scuba
- Flying (only during extreme, abnormal elevation changes; normal commercial air travel is generally safe)
- Concussive explosive blasts

Traumatic Brain Injury (TBI)

Traumatic brain injury, caused by concussive shock, can damage the brain's auditory processing areas and generate tinnitus symptoms. TBI is one of the major catalysts for tinnitus in military and veteran populations. Nearly 60% of all tinnitus cases diagnosed by the U.S. Veterans Administration are attributable to mild-to-severe traumatic brain injuries.

Single Sided Deafness

Single Sided Deafness

Single-sided deafness (SSD) refers to a person who has lost all hearing in one ear and has normal or profound hearing loss in the other ear. It can be difficult to detect which direction sound is coming from and to understand speech in a noisy environment.

zZ We're offline at t...

Menu

Causes

Tinnitus is a symptom associated with an array of other health conditions.

Manage Your Tinnitus

Discover the proven tools and therapies that can minimize the burden of your tinnitus and improve your quality of life.

Learn More

Tinnitus is not a disease in and of itself, but rather a symptom of some other underlying health condition. In most cases, tinnitus is a sensorineural reaction in the brain to damage in the ear and auditory system. While tinnitus is often associated with hearing loss, there are roughly 200 different health disorders that can generate tinnitus as a symptom. Below is a list of some of the most commonly reported catalysts for tinnitus.

Please note: Tinnitus, by itself, does not necessarily indicate any one of the items listed below. Patients experiencing tinnitus should see their physician or a hearing health professional for a full examination to diagnose the underlying cause of symptoms. In some cases, resolving the root cause will alleviate the perception of tinnitus.

Hearing Loss

Sensorineural hearing loss is a commonly accompanied by tinnitus. Some researchers believe that subjective tinnitus cannot exist without some prior damage to the auditory system. The underlying hearing loss can be the result of:

- **Age-related hearing loss (presbycusis)** - Hearing often deteriorates as people get older, typically starting around the age of 60. This form of hearing loss tends to be bilateral (in both ears) and involve the sensory loss of high-frequency sounds. Age-related hearing loss explains, in part, why tinnitus is so prevalent among seniors.
- **Noise-induced hearing loss** - Exposure to loud noises, either in a single traumatic experience or over time, can damage the auditory system and result in hearing loss and sometimes tinnitus as well. Traumatic noise exposure can happen at work (e.g. loud machinery), at play (e.g. loud sporting events, concerts, recreational activities), and/or by accident (e.g. a backfiring engine.) Noise induced hearing loss is sometimes unilateral (one ear only) and typically causes patients to lose hearing around the frequency of the triggering sound trauma.

It is important to note that existing hearing loss is sometimes not directly observable by the patient, who may not perceive any lost frequencies. But this this does not mean that hearing damage has not been done. A trained audiologist or other hearing health professional can perform sensitive audiometric tests to precisely measure the true extent of hearing loss.

The exact biological process by which hearing loss is associated with tinnitus is still being investigated by researchers. However, we do know that the loss of certain sound frequencies leads to specific changes in how the brain processes sound. In short, as the brain receives less external stimuli around a specific frequency, it begins to adapt and change. Tinnitus may be the brain's way of filling in the missing sound frequencies it no longer receives from the auditory system.

Obstructions in the Middle Ear

Case 5:12-cv-05726-PAC Document 214 Filed 05/03/22 Page 137 of 148

Caused by head trauma

than 91dB. One ear has no usak and will not benefit from amplification due to the hearing or the ability to understand speech is too poor. There is no cure for this condition but there are non-surgical and surgical treatments available. A couple of solutions involve wearing a CROS device that directs sound from the weaker hearing side to the better and stronger hearing side or a bone anchored hearing aid that uses one discreet device.

When you have two functioning ears, you have balance and the ability to locate where sounds are coming from. Our auditory system receives input from both ears. It was designed that way so when one ear ceases to function properly, it throws your auditory system out of balance.

It becomes a big challenge to only hear from one ear. Even being part of a conversation, especially involving more than one person, becomes very difficult and tiring. Having only one ear makes it quite difficult to separate speech from background noise. You have to determine where the sounds are coming from.

Your brain uses both ears to elevate volume and figure out the direction of a sound. According to The California Ear Institute, when a person loses hearing in one ear, it affects them in a number of ways. First, there is the difficulty of knowing which direction the sound is coming from. With two functioning ears, the sound can be discerned by which ear receives the sound first. But with only one ear, it becomes hard and disorienting to figure out the location of the sound.

Call Today | Book An Appointment → | Virtual Appointment →

AFTER VISIT SUMMARY

Jo Ann C. Fonzone MRN: 00194191 DoB: 7/19/1958

3/31/2022 8:00 AM LVPG Physiatry - 1621 N Cedar Crest 610-402-3300

Instructions from Brian K Goldberg, MD

Referrals made today

MRI CERVICAL SPINE WO CONTRAST
Scheduled for 4/11/2022
Expires: 9/27/2022 (requested)

MRI THORACIC SPINE WO CONTRAST
Scheduled for 4/11/2022
Expires: 9/27/2022 (requested)

AMB REF LVPG PHYSIATRY - INDEPENDENCE ROAD (Stella M Ferker, MD)
Where: LVPG Physiatry - Independence Road
Address: 505 INDEPENDENCE RD EAST STROUDSBURG PA 18301-7916
Phone: 610-402-3300
Expires: 9/27/2022 (requested)

Return if symptoms worsen or fail to improve.

What's Next

APR 6 2022

Return Patient Visit with Ashkon Razavi, MD
Wednesday April 6 10:45 AM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Orthopedics and Sports Medicine - 1621 N Cedar Crest
1621 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2304
610-402-8900

Today's Visit

You saw Brian K Goldberg, MD on Thursday March 31, 2022. The following issues were addressed:

- Chronic neck pain
- Degenerative arthritis of cervical spine
- Neck pain after neck surgery
- Degeneration of intervertebral disc of cervical region
- Mid back pain
- Status post cervical spinal arthrodesis

BMI 17.59	Weight 109 lb
Height 5' 6"	Pulse 82
Respiration 14	Oxygen Saturation 99%

MyLVHN

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to **https://www.mylvhn.org/mychart/**, click "Sign Up Now", and enter your personal activation code: **R2KQ9-CM8F5**. Activation code expires 4/24/2022.

What's Next (continued)

APR 11 2022

MRI C-SPINE WO CONTRAST
Monday April 11 8:45 AM
PLEASE ARRIVE 20 MINUTES PRIOR TO YOUR APPOINTMENT TIME TO REGISTER.

LVH-CH 1503 N Cedar Crest MRI
1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA 18104-2310
610-849-0692 x24288

Please bring CD of images performed on the body part being scanned if performed outside of LVHN.

Please follow-up with your ordering provider if you have questions regarding your MRI.

You MUST have a driver to and from your appointment when having an MRI with anesthesia, or taking any medication for claustrophobia or anxiety.

If you have been instructed to have x-rays prior to your MRI appointment, please have them performed at least 2 days prior. If performed at a location, other than LVHN please be sure to bring the images and report with you.

The following MUST be removed prior to your MRI exam:

- Metallic ointments such as Silvadene, Aquacel AG, Acticoat, Algidex AG or Silvagel ointment
- All medication patches
- Insulin pumps and continuous glucose monitors
- All jewelry
- Eye make-up
- Piercings

You WILL BE REQUIRED to change into hospital clothing for your MRI exam.

Please leave all valuables at home.

The MRI environment is not a safe place for service and therapy animals due to the high noise level. Service dogs may accompany the patient, but must remain outside of the MRI room. Therapy animals may not accompany the patient.

Please refrain from bringing children that cannot be left alone, unless you bring an adult that can care for them.

What's Next (continued)

APR 11 2022

MRI T-SPINE WO CONTRAST

Monday April 11 9:30 AM
PLEASE ARRIVE 20 MINUTES PRIOR TO YOUR APPOINTMENT TIME TO REGISTER.

LVH-CH 1503 N Cedar Crest MRI
1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA 18104-2310
610-849-0692 x24288

Please bring CD of images performed on the body part being scanned if performed outside of LVHN.

Please follow-up with your ordering provider if you have questions regarding your MRI.

You MUST have a driver to and from your appointment when having an MRI with anesthesia, or taking any medication for claustrophobia or anxiety.

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Please refrain from bringing children that cannot be left alone, unless you bring an adult that can care for them.

APR 11 2022

Return Patient Visit with Vitaliy Koss, MD

Monday April 11 11:00 AM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVH-CC 1250 Neurology
1250 S CEDAR CREST
STE 405
ALLENTOWN PA 18103-6224
610-402-8420

What's Next (continued)

APR 20 2022 **New Patient with Stella M Ferker, MD**
Wednesday April 20 1:30 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you and a copayment, if required by your insurance company.
-Bring a list of all of your current medications.

LVPG Physiatry - Independence Road
505 INDEPENDENCE RD
EAST STROUDSBURG PA 18301-7916
610-402-3300

JUN 27 2022 **Return Patient Visit with Susan K Newhart, CRNP**
Monday June 27 1:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Neurology - Muhlenberg
1770 BATHGATE RD
STE 403
BETHLEHEM PA 18017-7334
484-884-8370

NOV 21 2022 **ECHO 2D**
Monday November 21 1:00 PM

LVH-CH 1503 N Cedar Crest Cardiac Diag Cntr
1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA 18104-2310
610-849-0692

NOV 21 2022 **Return Patient Visit with Prasant Pandey, MD**
Monday November 21 2:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications.

LVPG Cardiology - 1503 N Cedar Crest
1503 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2310
610-402-3110

To assist in the coordination and continued quality of your medical care, we encourage you to use a Lehigh Valley Health Network facility for the provision of the health services recommended below. Please call 888-402-LVHN to schedule your appointment.

Special Information Regarding Your Results

LVHN believes in providing you access to your health record information to enable you to make the most informed decisions about your care. We believe you deserve to see your information as soon as it is available and so, when possible, clinical notes and test results will be released to you as soon as they are completed. This means that you may see some test results even before your healthcare provider.

Please keep in mind that there are many results that may show as abnormal or outside an expected range but does not mean that you have a health problem. There will also be results that may need further clarification and interpretation after discussion between you and your provider. Generally, your provider will review your test results and follow up with you to discuss abnormal findings soon after the results became available. If you have an immediate concern, or you don't hear from your provider in regards to abnormal test results, please send a message to your clinical team via MyLVHN or call your physician's office.

If you identify a concern about your clinical notes in MyLVHN, you can also send a message to your provider via MyLVHN or contact LVHN's Medical Records Department.

AFTER VISIT SUMMARY

Jo Ann C. Fonzone MRN: 00194191 DoB: 7/19/1958

4/11/2022 11:00 AM LVH-CC 1250 Neurology 610-402-8420

Instructions from Vitaliy Koss, MD

drink sufficient amounts of water, eat regularly, get enough sleep.
Begin regular aerobic exercise, 20 to 30 minutes 5 days a week.
Do 1-minute isometric neck exercises 10 times a day
Undergo a course of biofeedback
Consider preventive medications: antidepressants, antihypertensives, anticonvulsants.
Start Botox injections
Acute treatment. The goal is to treat headaches 3 days a week or less.
Imitrex, Compazine. Ubrelvy
Other options: acupuncture, yoga
Occipital, auricular blocks + tpi- if needed
Follow up with PA in 3 months and MD in 6 months.

Pick up these medications at Wegmans Allentown Pharmacy #079 - Allentown, PA - 3900 Tilghman Street

ubrogepant

Address: 3900 Tilghman Street Tilghman St. - Allentown, Allentown PA 18104
Phone: 610-336-7940

What's Next

APR 19 2022

Botox-Chemodenervation with Vitaliy Koss, MD
Tuesday April 19 2:00 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you.
-Bring a list of all of your current medications

LVH-CC 1250 Neurology
1250 S CEDAR CREST
STE 405
ALLENTOWN PA
18103-6224
610-402-8420

Today's Visit

You saw Vitaliy Koss, MD on Monday April 11, 2022.

Blood Pressure 113/74	BMI 17.43
Weight 108 lb	Height 5' 6"
Pulse 76	

MyLVHN

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to **https://www.mylvhn.org/mychart/**, click "Sign Up Now", and enter your personal activation code: **R2KQ9-CM8F5**. Activation code expires 4/24/2022.

What's Next (continued)

APR 20 2022 **New Patient with Stella M Ferker, MD**
Wednesday April 20 1:30 PM
-Arrive 15 minutes early for your appointment.
-Bring your insurance card with you and a copayment, if required by your insurance company.
-Bring a list of all of your current medications.

LVPG Physiatry - Independence Road
505 INDEPENDENCE RD
EAST STROUDSBURG PA 18301-7916
610-402-3300

JUN 27 2022 **Return Patient Visit with Susan K Newhart, CRNP**
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LVPG Neurology - Muhlenberg
1770 BATHGATE RD
STE 403
BETHLEHEM PA 18017-7334
484-884-8370

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Monday November 21 1:00 PM

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1503 N Cedar Crest Blvd
1st Floor
ALLENTOWN PA 18104-2310
610-849-0692

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1503 N CEDAR CREST BLVD
ALLENTOWN PA 18104-2310
610-402-3110

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If you identify a concern about your clinical notes in MyLVHN, you can also send a message to your provider via MyLVHN or contact LVHN's Medical Records Department.

Your Medication List as of April 11, 2022 11:37 AM

ⓘ Always use your most recent med list.

acetaminophen 325 MG tablet Commonly known as: TYLENOL	Take 650 mg by mouth every 6 (six) hours as needed for mild pain (pain score 1-3).
albuterol 90 mcg/actuation inhaler Commonly known as: PROVENTIL HFA;VENTOLIN HFA;PROAIR HFA	Inhale 2 puffs every 6 (six) hours as needed for wheezing.
aspirin 81 MG EC tablet	Take 81 mg by mouth daily.
botulinum toxin Type A 200 unit Solr Commonly known as: BOTOX	Inject 155 units into face and neck IM every 90 days
clonazePAM 1 MG tablet Commonly known as: KlonoPIN	Take 1 to 2 tabs PO qhs
digoxin 125 mcg tablet Commonly known as: LANOXIN	TAKE 1 TABLET BY MOUTH EVERY DAY
FIBER ORAL	Take 2 tablets by mouth daily.
lidocaine 5 % Gel	Apply small to affected QID PRN
NON FORMULARY	DMG supplement
propafenone 325 MG 12 hr capsule Commonly known as: RYTHMOL SR	TAKE 1 CAPSULE BY MOUTH TWO TIMES DAILY
SOFTGELS MULTIVIT-A,B,D,E,K,ZN 1,000-800 unit-mcg Cap Generic drug: multivitamin no.44-vit D3-K	Take 1 tablet by mouth daily.
SUMAtriptan 25 MG tablet Commonly known as: IMITREX	TAKE 1 TABLET BY MOUTH AT ONSET OF HEADACHE, MAY REPEAT AFTER 2 HOURS. NOT TO EXCEED 4 TABLETS IN 24 HOURS
tapentadoL 50 mg tablet Commonly known as: NUCYNTA	Take 1 tablet (50 mg total) by mouth 3 (three) times a day as needed for severe pain (pain score 7-10). Max Daily Amount: 150 mg
ubrogepant 100 mg Tab tablet Commonly known as: UBRELVY	Take 1 tablet twice a day as needed for headache, limit 16 tabs per month
VITAMIN B COMPLEX ORAL	TAKE 1 TABLET DAILY

Allergies

Codeine	Nausea and/or vomiting, GI upset
Penicillin	Rash
Penicillins	Rash

LVHN Patient Satisfaction Survey

At Lehigh Valley Health Network, we appreciate the opportunity to partner in your care and value you as a patient. To help improve the quality of care and services we provide patients like you, we will be in contact via phone, text, or email with a few brief questions regarding this visit. We look forward to your response and feedback.

Thank you for partnering with LVHN.

It is the policy of the Lehigh Valley Health Network, its wholly owned subsidiaries and healthcare providers to not discriminate on the basis of race, color, national origin, sex, age, gender identity or disability.

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-402-8000.
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-610-402-8000
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-402-8000.
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-402-8000.

TRANS UNION CONSUMER RELATIONS

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03/09/94 INDIVIDUAL 121LV
AMOUNT RECEIVED PAYMENT TYPE
CREDIT CARD NO. EXP DATE

IN FILE SINCE 11/79

BIRTH DATE 7/58

FORMER ADDRESS 2242 W. TILGHMAN ST., C1, ALLENTOWN, PA 18104
2130 LIVINGSTON 000C1, ALLENTOWN, PA 18104

SSN [redacted]-1688
DATE

CONSUMER NAME AND ADDRESS 02/94
SPOUSE NAME SSN

FONZONE, JOANN A

1529 ASCENSION CI
NORTH LAS VEGAS NV 89031

TEL 434-[redacted]
DATE REPORTED 02/94

PRESENT EMPLOYER AND ADDRESS	POSITION INCOME	EMPL DATE	DATE
MTV NETWORKS NEW YORK, NY	PRESIDENT		12/
FORMER EMPLOYER AND ADDRESS FRIED WOODS FILMS CULVER CITY, CA	PARTNER		02/
FORMER EMPLOYER AND ADDRESS [redacted]	—		10/

GCCC/MACYS 14003756161 I	D 235002U	11/88	$0	11/92A 9/92F	$0	$0	 0	PC
BRCL3C DL1400			*PROFIT AND LOSS WRITEOFF					
JJ MACINTYR 12063088077895 I	Y 184P001	4/88	$1195	5/93A 4/88F	$0	$0	 0	OS
			*PLACED FOR COLLECTION					
SLMA / LSCV 183461688101 I	V 6372027	12/89 M184	$19.9K	4/93A 2/93C	$0 2/93	$0 05	5XXXX1111X11 1XXXXXXXXXXX 35 0 0 1	IC
			*CLOSED /STUDENT LOAN					
LIMITED 208676023 I	C 122P001	11/93	$192 $300	2/94A	$192	$0	1X1 24 0 0 0	RC
CITIBK GOLD 4271382660303211 I	B 64DB001	12/93	 $5000	1/94A	$963	$0	11 2 0 0 0	RC
			/CREDIT CARD					
1ST CONS NTL 5421169003019760 I	B 881P004	5/89	$1401	1/94A 3/92P	$0	$0	111111111111 111111111111 24 0 0 0	RC
			*CLOSED /CREDIT CARD					
NCB/EXEOCR 7666660010022078 I	B 307E194	12/86	$0 $3000	12/92A 8/91P	$0	$0	111111111111 1111111 19 0 0 0	RC
NORDSTROM 52285081 I	D 370T003	5/86	$0	8/90A	$0	$0	1X1 3 0 0 0	RC

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PA 19022-2000

SERVICE REQUESTED

YOUR TRANS UNION FILE NUMBER: 100FM1578-006
PAGE 1 OF 4 (INTL USE: CC 17AL 03)
DATE THIS REPORT PRINTED: 05/08/2000

SOCIAL SECURITY NUMBER: [redacted]-1688
BIRTH DATE: 07/1958
YOU HAVE BEEN IN OUR FILES SINCE: 11/1979

PHONE: 437-5593

Rohmer
Former lawyer & agent - estranged spouse Cory Woods take all salaries, profits illegally - reported to gov't agencies since 1997.

NSUMER REPORT FOR:

*****
FONZONE, JOANN, A
2070 WALBERT AV B
ALLENTOWN, PA 18104

MER ADDRESSES REPORTED:

~~2242 TILGHMAN C1, ALLENTOWN, PA 18104~~

PLOYMENT DATA REPORTED:

MTV
POSITION: PRESIDENT
DATE REPORTED: 04/2000

INVESTIGATION RESULTS

HAVE COMPLETED OUR REINVESTIGATION AND THE RESULTS ARE SHOWN BELOW.

EM	DESCRIPTION	RESULTS
INA AMERICA	# 5401262999220338	NEW INFORMATION BELOW
SCOVER FIN	# 6011002540565132	VERIFIED, NO CHANGE

Y CORRECTIONS TO YOUR IDENTIFICATION REQUESTED BY YOU HAVE BEEN MADE AS NOTED OVE. IF OUR INVESTIGATION HAS NOT RESOLVED YOUR DISPUTE, YOU MAY ADD A 100 RD CONSUMER STATEMENT TO YOUR REPORT. YOUR UPDATED CREDIT INFORMATION LLOWS:

YOUR CREDIT INFORMATION

E FOLLOWING ACCOUNTS CONTAIN INFORMATION WHICH SOME CREDITORS MAY CONSIDER TO ADVERSE. THE ADVERSE INFORMATION IN THESE ACCOUNTS HAS BEEN PRINTED IN RACKETS< FOR YOUR CONVENIENCE, TO HELP YOU UNDERSTAND YOUR REPORT. THEY ARE T BRACKETED THIS WAY FOR CREDITORS. (NOTE: THE ACCOUNT # MAY BE SCRAMBLED BY E CREDITOR FOR YOUR PROTECTION).

Joann C. Fonzone Esq.
631 Primrose Ln.
Allentown, PA 18104

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